STATE TITLE V BLOCK GRANT NARRATIVE
STATE: OR
APPLICATION YEAR: 2006

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

Assurance and certifications are on file in the Office of Family Health.

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

The Title V Agency, DHS Office of Family Health (OFH), involves communities, stakeholders, and program participants, including those from the CSHCN in policy and program decision-making at many levels. The priorities, budgeting and expenditures, performance measures trends and outcomes, are presented and reviewed by stakeholder and program participants of MCH and family health services across Oregon.

The Title V and related programs outreach to local public health, tribal health, community-based organizations, primary care, and safety-net providers. The venues range from needs assessment processes and program evaluation to advisory committees and task force efforts. Examples of this input can be found in descriptions in State Overview and Agency Capacity sections.

Public Notice to review the 2006 Oregon Block Grant Application (and 2004 Report) was placed in The Sunday Oregonian in July 2005, Oregon's largest newspaper with statewide distribution.

II. NEEDS ASSESSMENT

In application year 2006, the Needs Assessment must be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

OVERVIEW - 2006
Health Care Delivery Environment:
Oregon is located in the Pacific Northwest with a population of 3.5 million living in 96,545 square miles. Oregon is primarily a rural state, with a population density of 37 people per square mile. Portland is the major urban center, with approximately 1.5 million people in a tri-county area. There are 43 member tribes of the Northwest Portland Area Indian Health Board and other urban health facilities located in Oregon, Washington and Idaho. Other urban areas include Salem, the state capital, Eugene, in the mid-Willamette Valley, and Medford, in Southern Oregon. Oregon has many state parks and national forests with an abundance of outdoor recreational opportunities, from windsurfing to backpacking and fishing to walking or biking on Portland's 40 mile-loop.

The median income for Oregon for a family of 4 is $36,157 (2005). The total population making 100% or less of the federal poverty level (2002-2003) is 16%, with a total of 35% of the population is considered low income (Kaiser Foundation, State Health Facts: www.statehealthfacts.kff.org) The unemployment rate (May 2005) remains at 6.5 percent, less than 2004, but still higher the U.S. 5.1 percent. The fastest growing industries is business administrative and business support services and health service industries: ambulatory health care, hospitals, and nursing and residential care. Health services are likely to continue to grow along with the population due, in part, to the increasing demands of the aging baby boom population.

In 2003, there were 45,935 births, of which 18% were Hispanic. The birth rate for Oregon is 13 per 1,000 population and the infant death rate is 5.6 per 1,000 live births. The teen pregnancy rate in 2003 for ages 15-19 was 49.3 per 1,000 live births. Approximately 57% of deliveries were paid by private health insurance, while approximately 37% were paid by the Oregon Health Plan. Eligibility for the Oregon Health Plan includes children ages 0-18 and pregnant women up to 185% of federal poverty level, while all other adults are eligible up to 133% of federal poverty level, with a co-pay requirement. Dental care is covered for children and pregnant women but not for adults. (Oregon Center for Health Statistics, 2003; http://oregon.gov/ DHS/ph/ chs/ data/ annrep.shtml). In Oregon, SCHIP is seamlessly integrated with the Medicaid program (OHP), making it difficult for the public to distinguish between the two programs.

The health care services are accessed through private providers and hospitals, paid through private hospitals and managed care plans, including the Oregon Health Plan, a Medicaid waiver program, a safety net system that is linked through community health care and partnerships with private health care providers. Systems to link private and public health care services exist through medical associations, the medical and dental directors on the Oregon Health Plan, Office of Rural Health, medical, nursing and dental academic and training programs.

There are approximately 229,000 children enrolled in the Oregon Health Plan, but it is estimated that another 66,000 remain uninsured. Children and families may encounter barriers when attempting to access publicly funded insurance programs such as Medicaid and the State Children's Health Insurance Program (SCHIP). When OHP is reduces enrollment or benefits, parents may find it difficult to discern that their children may still qualify for benefits. It is difficult in many areas to find providers who will accept the patients covered by OHP due to perceived low reimbursement rates. Language and cultural differences can be barriers to enrolling in publicly funded insurance programs. African-American, Native American and Hispanic children are less likely to be insured than white, non-Hispanic children both locally and nationally. (Office for Oregon Health Policy and Research http://egov.oregon.gov/ DAS/OHPPR/ RSCH/Doc_Rep_Present.shtml).

Populations facing barriers to primary or preventive health services include people living in frontier and rural areas, Hispanics, migrant farmworkers, and resident uninsured adults ineligible for the Oregon Health Plan.

Oregon's health care safety net is comprised of a broad range of local non-profit organizations, government agencies, and individual providers who share the common mission of delivering health care to persons who experience barriers to accessing the health care services they need. Health care safety net clinics in Oregon are staffed by physicians, nurse practitioners, physician assistants, nurses, dentists, social workers, community health workers, other health care providers, and volunteers.

Oregon's health care safety net clinics include:
32 Federally Qualified Health Centers (some at county health departments)
30 Rural Health Clinics
10 Indian/Tribal Health Clinics
40 School-Based Health Centers
35 County Health Departments
15 Community Clinics
7 Migrant Health Centers

These clinics vary in terms of size, number/types of professionals employed, client characteristics, service area population density and demographics, diversity and stability of revenue sources, as well as sophistication in practice and business management practices. Primary care services provided by the safety net include, but are not limited to:
urgent care, acute and chronic disease treatment, services based on local community need (mental health, dental, and vision), preventive care, well childcare, and enabling services (translation/interpretation, case management, transportation and outreach).

Migrant and seasonal farmworkers support a multi-billion dollar agricultural industry. According to the Oregon Migrant and Seasonal Farmworker Enumeration Profiles Study
completed by Alice Larson, Ph.D., September, 2002: The Migrant and Seasonal Farmworker population is estimated at 174,484, including 14,558 Migrant Children and Youth, 44,905 Seasonal Children and youth. Commonly reported health problems among Migrant Farmworkers and their children include: lower height and weight, respiratory disease, parasitic conditions, skin infections, chronic diarrhea, vitamin A deficiency, accidental injury, heat-related illness and chemical poisoning. Non-resident pregnant women are not eligible for Oregon Health Plan covered prenatal care and must rely on federal (Title V) and state funds and public clinics for that care.

Children and Youth with Special Health Needs: The CDRC estimates that 13% to 18% of Oregon children under the age of 21 years have special health needs. The prevalence of chronic illness and disability continues to increase due to advances in science and technology. More youth and young adults with disabilities are living longer and assuming productive lives. Fewer than 30% of young adults with special health needs are employed. They may have no experience managing their own health and are unaware of resources that could help them.

In Oregon, it is estimated that 116,364 children have a special health need, and 5,818 of these children have a condition so severe that it significantly interferes with day-to-day function. Children with cerebral palsy, autism, arthritis, Down syndrome, ADHD, rare metabolic disorders, spina bifida and cleft lip and palate are examples of the children and conditions that are served by the Title V program.
The most recent accessible data reports available indicate the following regarding the status of Oregon CYSHN.
· In 2003, CDRC provided 41,549 services to 8,083 children and young adults through specialty clinics in Eugene and Portland and by the community-based programs. In addition, 133 families received financial assistance for services and supplies. These data represent 7,462 unduplicated clients.
· For 2003-2004, 77,922 students received special education services for a severe disability.
· The number of children enrolled in Early Intervention and Early Childhood Special Education, 0 - 5 years of age, decreased from 7,800 (as of March 2003) to 7,158 for the 2003-2004 school year.
· Oregon provides services to only 1.4% of the 0 - 3 year-old population. 4.86% of Oregon children

age 3 -- 5 receive Early Childhood Special Education Services. (Oregon Department of Education).
· In previous years we have known that approximately 19% of the 73,887 received services for a severe, low incidence disability including vision and hearing impairments, orthopedic and health impairments, autism, dual sensory impairments and multiple disabilities.
· Tandem mass spectrometry technology adds approximately 23 additional metabolic conditions to the newborn screening panel. In 2003, a total of 62 infants were detected to have a clinically significant metabolic, endocrine, or hemoglobin disorder by newborn blood spot screening, including those detected using MS/MS technology. The program added congenital adrenal hyperplasia (CAH) to the screening panel early in 2004.
· According to the SLAITS National Survey, 13.34% of Oregon children and young adults have a special health need. More recently, the NCHS reports that the estimate for CYSHN may be closer to 18%.
· In 2002, 576 (1.3% of the 45,190 births were reported on the birth certificate as having a congenital anomalie(s). Malformed Genitalia (14%), cleft lip/palate (12%) and heart malformations (12%) were reported as the highest incidence.
· Families in poverty experience a higher rate of disabilities.
· Families of color experience a disproportionate rate of disabilities.
It is estimated that the Hispanic population in Oregon has increased 12% since the 2000 Census. OSCSHN recognizes the impact this growth has on community based services and has responded with continued support of Promotoras in the CaCoon Program, Spanish translation of materials and inclusion of interpreter services in outreach forums in FISHS and the Oregon Medical Home Program, and a bi-lingual Spanish support staff in the Title V Office. In some counties more than 50% of the families followed by the nurses are of Hispanic origin.
· Of the 229,000 children, 0-20 years of age, enrolled in the Oregon Health Plan during 2004, approximately 10% or 2,290 of those children are reported to be blind or disabled or in foster homes.
· During 2003, 74% of the services provided by CaCoon were to children insured through Medicaid.
According to the Social Security Administration December report 7,508 children under 18 years of age received SSI and were eligible for Medicaid. CDRC continued the agreement with DDS to provide evaluations to determine SSI eligibility. The Portland CDRC provided 54 assessments to 48 children. Evaluations included 26 pediatric, 9 psychology, 9 special education, 7 speech, 1 ENT, 1 audiologist and 1 occupation therapy. The Eugene CDRC provided 49 evaluations to 44 patients: 21 speech, 11 pediatric, and 17 psychology.

B. AGENCY CAPACITY

AGENCY CAPACITY

The Title V Agency for Oregon is the Office of Family Health (OFH) in the Department of Human Services, located in Portland, Oregon. The Child Development and Rehabilitation Center (CDRC) administers the Oregon Services for Children and Youth with Special Health Needs (OSCSHN) Title V Program at the Oregon Health and Science University (OHSU). The agencies work together under an interagency agreement to achieve the goals set forth by the Title V legislation.

The mission of the DHS, Office of Family Health is to provide leadership for improving health outcomes for women, children, and families through:
1. Collecting and sharing data to assess the health of women, children, and families;
2. Developing and implementing public health policy based on these data;
3. Assuring the availability, quality and accessibility of health services and health promotion; and,
4. Providing technical assistance, consultation, and resources to local health departments, and other community partners.

The OFH programs provide the capacity to provide primary and preventive care to the Oregon's MCH population. Program activities typically include systems development, infrastructure, technical assistance, training, and resources to local and state organizations working to improve health of the MCH population. The programs are organized into sections that report directly to the Title V Director/OFH Administrator.

Women's and Reproductive Health Section: This section promotes the health and well-being of Oregon women and ensures that pregnancies are intended and well-timed. The WRH Section includes the Family Planning Program (funded through Title X, Title V, and the Family Planning Expansion Project, a Medicaid Waiver) and the Women's Health Program which includes Domestic Violence and Sexual Assault Prevention, a Fetal Alcohol Syndrome Prevention Program, Folic Acid Promotion, The Women's Health Network lecture series, and the maintenance and expansion of the MCH Information and Referral Line (1-800-SAFENET).
SS The Women's Health Program is a systems development program to engage state and local stakeholders in women's issues and bring attention and resources to women's health concerns across the lifespan. A HRSA-OWH grant is being used to 1) expand the information and referral capacity of the MCH Toll-Free line -- 1-800-SafeNet and improve the information and referral resources for the public and for providers, 2) identify gaps in services and data through a data collected and analyzed by 1-800-SafeNet and 3) create a statewide women's health coalition.
SS The Family Planning Program assures reproductive health services are available across the state; provides funding and technical assistance to local family planning clinics that offer contraceptive services and screening for breast and cervical cancer, infections, anemia, and other conditions; administers a family planning benefit program for low-income Oregonians, Family Planning Expansion Project (FPEP), under a HCFA 1115 waiver; and promotes awareness of women's health issues among the public and health providers. Title X and V funding helps to provide family planning services to individuals not eligible for FPEP.
SS The Women's Health Program receives a CDC Rape Prevention and Education Grant. The majority of the grant funding goes to the Oregon Sexual Assault Task Force to provide funding and technical assistance to local agencies around primary prevention of sexual assault. The project conducts statewide surveillance and has been working with partners statewide to develop Oregon's first sexual Violence Prevention Plan.
SS The Fetal Alcohol Syndrome (FAS) Prevention Project is a CDC grant to prevent alcohol use among women of reproductive age. The FAS Project has three parts: 1) Design and implement an intervention to identify women who are at high risk for having a child with FAS and refer them to appropriate services in family planning, university, and Indian health clinics, 2) Use surveillance techniques to identify the prevalence of FAS children in Oregon, and 3) Develop systems to improve the referral of children with FAS and their families to appropriate services.

Perinatal Health Section: This section seeks to improve the health of pregnant women and birth outcomes through promotion of optimal prenatal care and other pregnancy related services for all pregnant women. This section uses Title V resources to develop statewide policy and funding for improving the health of pregnant women. Activities include: supporting local health departments to plan, manage and deliver perinatal including outreach, advocacy, systems development, the Maternity Case Management program, and community-based health education; promoting early prenatal care and insurance coverage through the Oregon MothersCare program; and administering the Pregnancy Risk Assessment Monitoring System (PRAMS).
SS Maternity Case Management (MCM) program is administered through county health departments either by direct service or by contract. Services are reimbursable through the Oregon Health Plan (Oregon's Medicaid Waiver Health Plan) serving women up to 185% of federal poverty level. Services include screening for risk factors, referrals for supporting health care and services, smoking cessation counseling and follow up, and ongoing support and advocacy throughout prenatal and two months postpartum.
SS Oregon MothersCare (OMC) program is an information and referral resource for all pregnant women and providers. By streamlining state and local systems, OMC facilitates enrollment in the Oregon Health Plan, the scheduling of the first prenatal care appointment with a local provider as early as possible in the pregnancy, and referral to MCM, WIC, and other services as indicated. The program is funded through Title V funds in addition to local funding.

Child Health Section: This section promotes health improvement for infants and youth along a continuum of growth and development from birth to adolescence. This section uses Title V resources to develop statewide policies and programs for child health improvement including: coordinating

public health nurse home visits through the Babies First! Program; providing statewide training and technical assistance for promotion of nutrition, breastfeeding, and physical activity; developing integrated data systems for children with heritable conditions; and promoting healthy child care through nurse consultation. The child health vision is that children live in families and communities that value and care for their health and well-being. The mission is to promote optimal health, safety, and well-being of all infants and children in Oregon through preventive practices and strategies along a developmental continuum and the section developed 10 focus areas of child health to build a framework of child health improvement.
SS Early Hearing Detection and Intervention Program: This program promotes early detection of hearing loss among newborns through follow-up and referral to early intervention services, funded by a HRSA-SPRANS grant. State laws were passed in 2000 mandating all hospitals with more than 200 live births per year to provide hearing screening tests to all babies born in their hospitals. A hearing registry, tracking and recall system is being developed with the support of CDC grant.
SS Babies First! Program: A nurse home visiting program to assure healthy growth and development of infants and children with risk factors. The program is funded through county health departments using state general funds and reimbursed through OHP and target case management funding, for high risk infants and children up to age 5. Title V funds support these services for activities and individuals not eligible for Babies First! Services.
SS Child Care Consultation Program: A program to educate and train certified facility and family-based child care providers in prevention and promotion of nutrition, communicable disease prevention, growth and development screening, and community resources. This program is funded through a combination of funding from the State Child Care Division and Title V funds.
SS Regional Nurse Consultation: The state nursing staff provides technical assistance, consultation and training to local public health nurses in perinatal health, newborn hearing screening, early intervention, healthy child care, and other public health services and supports needed by county health departments.
SS Children with Heritable Conditions: A HRSA-SPRANS funded project to integrate client data systems with newborn screening and birth certificate data. This is being developed in FamilyNet, Oregon's integrated data system that includes WIC, Immunization, Prenatal, High Risk Infant programs, CaCoon (Oregon's CSHCN home visiting program), newborn screening, and birth certificates.

Adolescent Health Section: The goal of the adolescent health section is to maximize the health and functioning of Oregon's adolescent population. The section includes teen pregnancy prevention, nutrition & physical activity, school-based health centers, and coordinated school health programs. Title V funds are directed at leadership and policy development activities at the state level, health promotion activities and infrastructure development in county health departments, and ongoing assessment, data collection and technical assistance for implementing statewide policies and programs related to adolescent health at the local level..
SS Adolescent Health is a working member of Oregon's Department of Human Services Teen Pregnancy Prevention Program that provides technical assistance to public and private partners and local coalitions working on a statewide Teen Pregnancy Prevention Action Agenda. The Title V Abstinence Education program is administered through Children, Adult and Families Services offices in DHS as one strategy within the state Action Agenda.
SS The School Based Health Center (SBHC) Program coordinates the development of SBHCs through the local public health authority as both an access model and a component of the state's safety net system of care for school-aged youth. The program provides technical assistance to local communities for planning, operating, and certifying SBHCs and maintaining a statewide database on services. School-Based Health Centers are funded through a combination of state general funds, Title V and local funds. The SBHC program supported a successful application to the Kellogg Foundation from the State SBHC Coalition for a 5-year organizational grant to advance community level sustainability and advocacy efforts. The program has a legislative budget request pending that would expand the SBHC model to five new counties to a total of 19 of 35 public health authorities.
SS The Healthy Kids Learn Better (Coordinated School Health) Program, funded by CDC represents a key state-level partnership with the Oregon Department of Education that supports implementation of the coordinated school health systemic change model and framework at the local school level to

address health-related barriers (e.g. nutrition, physical activity, tobacco) to learning and educational success. There are 22 individual projects in development at the state level combined with the external supports for local and state policy changes through the statewide Healthy Kids Learn Better Coalition representing over 40 statewide organizations.

Genomics Program: Oregon's Genomics Program is completing the second year of a 5 year CDC implementation based on the development of the Oregon Strategic Plan for Genetics & Public Health. Core strategies include: building public health infrastructure to address current and emerging issues in genetics and public health; improving availability and quality of data about inherited conditions, birth defects and genetic services for public health planning an system improvement; educating the public about genetics & health; promoting integration of genetics into health care practice; improving availability and access to individual and population-based genetic services; promoting the development of public policy related to genetic privacy while supporting advancement in genetic science and technology. Recent activities include: conducting a Public Health Genetics Symposium; supporting revisions to Oregon genetics privacy statue through staffing of the state Advisory Committee on Genetics Privacy and Research; establishment/expansion of surveillance questions on key state surveys; initiating two projects related to family history & genetic; completing research synthesis on Genetics and Diabetes and Genetics and Obesity; working with chronic disease partners on inclusion of genetics in statewide plans and health communications.

Immunization Section: The Immunization program provides leadership in preventing vaccine-preventable diseases by reaching and maintaining high lifetime immunization rates. Activities include implementing Oregon's school immunization law; administering funding to local health departments and migrant health centers for child immunizations; operating Oregon's Immunization ALERT registry to track vaccinations provided in public and private health provider settings; providing free vaccines to public and private providers for children aged birth through 18 in certain population groups; coordinating a WIC-Immunization integration project for low income infants and children; providing technical assistance to private and public providers through AFIX, a continuous improvement methods for improving clinic practices to achieve high immunization levels; promoting and providing technical assistance to increase immunizations to adolescents and adults.

Oral Health Section: The Oral Health Section seeks to improve the oral health status of all Oregonians through statewide planning, policy and program development, data surveillance system, and to make progress on the oral health status of Oregonians. The State Oral Health Plan is statewide strategic plan covering five focus areas across the lifespan: oral health education/promotion, prevention, access, workforce, and infrastructure. The plan also addresses specialty populations and optimal water fluoridation. Implementation of the Statewide Plan begins in 2006. The Oral Health programs include oral health infrastructure development, policy development for fluoridated community water systems, school-based sealant programs, school-based fluoride supplement program, and an early childhood cavities prevention program. Title V provides resources for public health dentist consultant and the fluoride supplement program. A HRSA grant and funds from a CDC grant are funding dental sealant projects across Oregon and a CDC cooperative agreement is funding oral health infrastructure and planning development and implementation.

Women, Infants and Children (WIC) Section: The Oregon WIC program is a public health nutrition program funded by the US Department of Agriculture (USDA) designed to improve health outcomes and influence lifetime nutrition and health behaviors in a targeted, at risk population. The program offers technical assistance to local WIC programs in areas of nutrition standards and policy, staff training, nutrition education, food delivery system, data systems, fiscal and caseload management, and outreach coordination. The program contracts with 34 local health agencies to provide WIC services to over 103,000 pregnant and postpartum women, infants, and preschool children each month in all geographical areas of the state. The State office regularly monitors all locally contracted agencies to assure compliance with federal and state regulations and quality program services. The program contracts with grocers in all communities and monitors them to assure appropriate foods are available, pricing is appropriate, and the relationship between stores and WIC client is positive. WIC contracts with farmers' markets to provide coupons to participants to promote fresh fruits and

vegetables. The new data system, TWIST, provides important data to assist the women, infant and child population using WIC for a variety of risk factors and needs.

Maternal and Child Health Systems: This consultation group provides leadership, systems building, and technical assistance to OFH/Title V and CSHCN state and local programs. Consultation and activities include:
MCH Medical Epidemiologist
Family Practitioner Medical Consultant
Data Systems Development Coordinator
Title V Coordinator
Early Childhood Systems Planning Coordinator

MCH Epidemiology: Dr. Ken Rosenberg provides consultation and surveillance of MCH population health status to OFH programs and other local and state organizations. Dr. Rosenberg has been the Project Director of Oregon PRAMS (Pregnancy Risk Assessment Monitoring System) since 1998. Dr. James Gaudino provides consultation and surveillance of immunization in Oregon and consultation with Title V issues and activities as well. Dr. Rosenberg leads an office-wide forum or meeting regularly with the research analysts working in OFH programs to discuss and share issues, problems and activities related to data analysis and reporting. Dr. Rosenberg reviews population-based data analysis and reporting prior to dissemination by the OFH.

Medical Consultation: Dr. Beth Epstein, a family practice physician, provides medical consultation, expertise, and on family health issue, disease prevention, and genetics to professional staff on specific services and program components related to the identified areas.

Title V Coordination: Molly Emmons provides technical assistance, consultation and coordination for Title V-related activities such as the five-year needs assessment, resource and partnership development, county MCH program assessment and planning, block grant preparation and coordination.

Early Childhood Systems Planning: Diane Ponder coordinates the State Early Childhood Comprehensive Systems Initiative, funded through the HRSA-SECCS-CISS grant. Oregon's SECCS goal is to improve child outcomes and strengthen Oregon's early childhood system of services and supports through the development and implementation of a sustainable, comprehensive, statewide early childhood systems plan. The project is promoting collaboration, policy and resource alignment, service integration, and evidence-based programs and practices within and between major early childhood system components (including health, childhood care and education, mental health/social-emotional development, parent education and family support). The Initiative will strengthen statewide early childhood infrastructure and support families and communities in addressing the developmental and intervention needs of young children within the context of their families, neighborhoods and cultures. The project works closely with all Title V programs in OFH and CDRC, and the Commission for Children and Families, the Oregon Mental Health and Addiction Services, Child Care Division, Child Protective Services, and Early Intervention services in the Oregon Dept. of Education.

MCH Data Systems Development: Sherry Spence provides statistics and epidemiologic consultation, technical assistance and leadership in developing the integrated/linked client data system, FamilyNet, and its Family and Child Module. This position also creates, monitors performance and outcome measures for Title V, OFH, DHS, programs, and provides consultation and training to state and local organizations on using of data in policy and program development and evaluation.

CHILDREN WITH SPECIAL HEALTH NEEDS:

The Office of Oregon Services for Children and Youth with Special Health Needs (OSCSHN) administers the state program for CYSHCN and is housed in the Child Developmental and Rehabilitation Center (CDRC) at Oregon Health & Science University (OHSU). The goal of the CDRC

is to ensure that persons in Oregon with developmental disabilities and other chronic disabling conditions are identified and receive exemplary services through programs of public health, clinical service, education, and research. CDRC's administrative structure and role in the community are unique since it is a division of OHSU and includes the Title V/OSCSHN office, a tertiary care clinical program and the Oregon Institute on Disability and Development (OIDD) which is one of 61 University Centers for Excellence in Developmental Disabilities (UCEDD).

The mission of the OSCSHN office is to improve the health, development and well-being of children and youth with special health needs, through the following activities:
· Partner with families, communities, providers and agencies
· Provide leadership in policy development, advocacy and in assessing levels of care and services;
· Support efforts to coordinate and maximize resources;
· Work with communities to strengthen their capacity to meet the needs of children and their families;
· Honor the strengths and diversity of families.

The OIDD offers the Leadership Excellence in Neurodevelopmental Disabilities (LEND) training program and contains the Oregon Office on Disability and Health (OODH) and the Center on Self Determination (CSD). LEND trainees regularly participate in Title V activities. For example, they participate in direct clinical services in CCN clinics, make referrals to CaCoon nurses, and consult with nursing staff about the clinical problems of individual children. The OODH is one of 16 centers nationally that receive funding from the Centers for Disease Control and Prevention (CDC). The OODH supports a variety of activities to improve the health and wellness of people with disabilities through health promotion, research, dissemination and policy development. The mission of the Center on Self Determination is to identify, develop, validate and communicate policies that promote the self-determination of people with disabilities.

The Title V Office for CSHN offers a unique and distinctive program of services that are designed to ensure a statewide system of services reflecting comprehensive, community-based, coordinated, family-centered care. They include:
Community Connections Network - in 15 communities, multidisciplinary teams of health, educational and social service professionals evaluate children and families, develop care plans and participate in community planning activities; the 15 communities are Albany, Astoria, Bend, Coos Bay, Grants Pass, Hood River, Klamath Falls, La Grande, Lincoln City, Ontario, Oregon City, Pendleton, Salem, Tillamook and the Dalles.
CaCoon (Care Coordination) Program - in all of Oregon's counties, specially trained public health nurses help families and children develop self management skills, (for example, feeding an infant with cleft lip/palate); work with health professionals and families to identify needs, gather resource information and refer to appropriate services; and participate on community planning groups, for example, Local Inter-agency Coordinating Councils for Early Intervention.
Family Support Program - funds are available to CSHN and their families who reside throughout Oregon to purchase supplies, equipment and other needed services not covered by health insurance.
Family Involvement Network -- this network of families that includes 3 parents of CYSHN in the OSCHSN office participate in planning and policy development; provide parent-to-parent supports to individual families; and train parents on working with health professionals and on multi-disciplinary teams.
Grants and contracts -- in any given year, the Title V Office also administers $200,000 - $500,000 in grants and contracts. These activities focus on the development of training materials and provision of training events, development of model service programs, and support for community-based planning activities.
Program Evaluation, Assessment and Policy Analysis/Development -- OSCSHN practices continuous evaluation and assessment to maintain an up-to-date awareness of all of our services, the extent to which they are demonstrating effectiveness and the collection of new data to keep apprised of the state of Oregon CYSHN.
Other activities - staff in our central office support community professionals with best practice, resource and referral information; develop and coordinate training programs for community

professionals; and work with key state partners, for example, major hospitals throughout the state to facilitate the referral of children and families to appropriate local services after hospital discharge.

Title V services for fiscal year 2003 included:
Individual children and families served;
140 in the Family Support Program
237 in the Community Connection Network
1438 in the CaCoon Program
Services Provided;
280 Family Support Services
1764 Community Connection professional services
7345 CaCoon public health nursing services
Training programs;
133 health, educational and other community professionals participated in regional training programs
470 health, educational and other professionals participated in 18 community-based training events sponsored by the Community Connections Network

Our services are provided in a variety of settings; the family's home, hospitals, primary health care offices and educational settings. For example, although the CaCoon program is primarily a home visiting program, CaCoon nurses also provide services in hospitals, health care offices and educational settings.

Relationship to CDRC Clinics and the OIDD. The CDRC administers tertiary care clinics in Eugene and Portland and outreach clinic sites in Medford, Klamath Falls and Roseburg. The OSCSHN office provides limited fiscal support to these activities. Interdisciplinary teams and individual clinicians provide diagnostic assessments, consultation and management for children and youth with established or suspected disabilities. Some of the clinical programs are "unique" in the state such as the Metabolic program, and the services offered by other programs are partially duplicated at other centers. The clinical programs include the Metabolic, Genetic, Craniofacial, Spina Bifida, Neurodevelopmental, Child Development and Autism programs. In 2005, 6452 CYSHN received 32056 services in these clinics. Many staff of the OSCSHN office gained valuable experience by previously working in the tertiary care clinics. This experience and our close working relationships with the clinicians are critically important to the support we can provide to our community-based staff that work with individual children and families. In addition, we have conducted joint quality improvement projects with the clinics and involved the specialists in our needs assessment of direct services. The Oregon Institute on Disability and Development (OIDD) offers the Leadership Excellence in Neurodevelopmental Disabilities (LEND) training program and contains the Oregon Office on Disability and Health (OODH) and the Center on Self Determination (CSD). LEND trainees regularly participate in Title V activities. For example, they participate in direct clinical services in CCN clinics, make referrals to CaCoon nurses, and consult with nursing staff about the clinical problems of individual children. The OODH is one of 16 centers nationally that receive funding from the Centers for Disease Control and Prevention (CDC). The OODH supports a variety of activities to improve the health and wellness of people with disabilities through health promotion, research, dissemination and policy development. The mission of the Center on Self Determination is to identify, develop, validate and communicate policies that promote the self-determination of people with disabilities.

Staff from the OIDD have provided valuable support to OSCSHN projects such as the learning collaborative on youth transition; and both staff of the OIDD and CDRC clinicians participate in our training programs. In addition, staff from the OIDD and the OSCSHN office have participated on CDRC's Multicultural Taskforce and published a regular newsletter.

Relationships to Other OHSU Departments. OHSU Faculty regularly present at CDRC conferences and provide consultation to CCN community teams. School of Nursing faculty provide training for CaCoon home visiting nurses and participated in the development of the PHN training modules. Support for distance learning is available through the Biomedical Information and Communication Center (BICC) and the Information Technology (IT) office at OHSU. The BICC regularly transmits

distance-learning activities of the School of Nursing and OHSU's Area Health Education Centers (AHEC). We have also begun to work with staff from the Oregon Rural-based Practice Research Network (ORPRN), the Office of Rural Health (ORH), and the Center on Health Care Disparities at the School of Nursing. The ORPRN includes 28 practices scattered throughout the rural areas of Oregon, and staff from the ORH have facilitated community-planning groups on health care issues in many of the same areas of the state.

C. ORGANIZATIONAL STRUCTURE

Oregon's Title V Agency is the Office of Family Health (OFH) in the Health Services branch of the Department of Human Services (DHS). The Director of DHS is appointed by the Governor and sits on the Governor's Cabinet. DHS Health Services includes offices the Office of Medical Assistance Programs (Medicaid -Oregon Health Plan), Office of Mental Health and Addiction Services (Substance Use and Mental Health Treatment and Services), and public health offices, including Office of Disease Prevention and Epidemiology, Office of Public Health Services, Office of the Public Health Officer, Oregon Public Health Laboratory. The umbrella Health Services organization allows for "seamless" activities and partnerships around policies and issues involving the broad health system.

The Office of Family Health is located in Portland, Oregon's largest city. Important partners of the OHD in carrying out the mission of Title V are the thirty-four local health departments (LHDs) and the Child Development and Rehabilitation Center (CDRC) at OHSU. The Public Health Director is Susan Allan, MD.JD, MPH and she sits on the DHS cabinet reporting directly to the DHS Director. The Title V Director, Katherine Bradley, RN, PhD, serves as Administrator of the Office of Family Health and sits on the Executive Staff as Assistant Administrator of Health Services. The OFH delivers its programs serving the MCH population through county health departments, other state and local partnerships, and in coordination with the CSHN program at the CDRC.

The Federal/State Partnership programs and other federal grant programs administered by the Title V Director in the Office of Family Health:
- Perinatal Health: maternity case management, Oregon MothersCare outreach, Smoke Free Mothers and Babies, PRAMS survey
- Child Health: Babies First! High risk infant program, EHDI-Early Hearing Detection and Intervention, nutrition and physical activity consultation, breastfeeding promotion, Healthy Child Care America, public health nurse consultation, child injury prevention (SafeKids), Newborn Metabolic Screening (Public Health Lab). Children with Heritable Conditions-newborn data linking project, public health genomics planning and implementation.
- Adolescent Health: Adolescent health promotion, School-Based Health Centers, Coordinated School Health Program, Teen Pregnancy Prevention consultation, Healthy Teen Survey,
- Oral Health: Oral Health Systems Improvement Project, State Oral Health Plan, Sealant Program, fluoride supplement program, early childhood cavity prevention project,
- Womens and Reproductive Health: Family Planning (Title X), Family Planning Expansion Project, Womens Health systems development project, rape prevention and education, sexual violence prevention state planning, fetal alcohol syndrome prevention
- WIC: Nutrition Education and Supplemental Food Program, Farmers Market, Senior Farmers Market, Breastfeeding Promotion, and demonstration projects: Peer Counseling for Breastfeeding and Five-A-Day Fruits and Vegetables promotion.
- Immunization: Immunization Program, Vaccines for Children, ALERT Immunization Registry
- MCH Systems : MCH Epidemiology, medical consultation, program development and planning, FamilyNet (client database) development and implementation, MCH Monitoring system, Early Childhood Systems Planning, rural health improvement projects

Oregon Services for Children with Special Health Needs, CDRC, OHSU:

Oregon state statute designates Oregon Health & Science the responsible agency for Children with

Special Health Needs (CSHN) under the 1935 Title V of the Social Security Act. Oregon Health and Science University, under Oregon statutes 444.010, 444.020 and 444.030, is the designated entity to administer the program of services for disabled children with authority to administer services for children with special health needs. The Title V CSHN services are administered through the Child Development and Rehabilitation Center(CDRC), an independent division at OHSU. Dr Nickel, the OSCSHN Director, reports to Dr Brian Rogers who is the CDRC Director. Dr. Rogers reports directly to Dr. Peter Kohler, President of OHSU, and is a member of the OHSU Executive Committee. An application to change the name of the OSCSHN office to the Oregon Center for Children and Youth with Special Health Needs has been submitted and is still pending at the office of the OHSU Provost.

CDRC administers these federal and matching state funds. When the Omnibus Budget Reconciliation Act of 1981 consolidated seven programs into the Maternal and Child Health Block Grant, the governor of Oregon designated the Oregon Health Division (OHD) as the recipient of the Block Grant funds. OHD contracts with CDRC for SCSHN. In 1989, as a result of the OBRA 89 Amendments to the MCH Block Grant, states were required to use at least 30% of the funds on SCSHN, with not more than 10% on administrative costs At that time, the mission of the state CSHCN program was revised to include a focus on the development of community-based systems of care for these children and their families that promote family-centered, community-based, coordinated care.

The CDRC is a statewide service program that provides health and rehabilitative care for children with special health needs and their families and includes a tertiary clinical program, the Title V Oregon Services for Children with Special Health Needs (OSCSHN), and the Oregon Institute on Disability and Development. The CDRC has offices in Portland and Eugene. A variety of tertiary care clinics are offered at both the Portland and Eugene offices. These clinics are housed in Doernbecher Children's Hospital in Portland and at the Regional Service Center in Eugene in conjunction with the University Affiliated Program at the University of Oregon.The CDRC also administer two community-based programs for CSHN. The first, the CaCoon (CAre COordinatiON) is an exemplary statewide care coordination program that provides public health nursing services in communities where families live. The second, Community Connections Network (CCN) coordinates community clinics in fourteen sites.

Organizational charts are available from the Title V Director's office. Oregon Dept of Human Services, Office of Family Health charts are available on the website:
http://www.oregon.gov/DHS/aboutdhs/structure/overview.shtml#orgcharts

Information on the Child Development and Rehabilitation Center is available on the website:
http://cdrc.ohsu.edu/oscshn1/index.html

D. OTHER MCH CAPACITY

The Office of Family Health employs approximately 100 permanent and temporary staff, with expertise and skills in all program areas. The direct delivery of MCH programs is provided by staff at local health departments, funded by Title V and other federal and state funds through grants to counties. There are approximately 1,700 county public health staff persons in Oregon, not including staff at non-profit or tribal health centers. This includes 28 health department administrators, 510 public health nurses and nurse practitioners, and 130 other health professional staff in Oregon LHDs. The Office coordinates the OFH local Agency Review process on a three-year on-site cycle to provide consultation for local public health services.

The Oregon Title V Director is Katherine Bradley, RN, PhD and the Oregon CSHCN Title V Director is currently Robert Nickel, MD, is Director. Both individuals have over 20 years experience directly

serving women and children and participating in local, state and federal level policy and program development and decision making. The lead management staff in the Office of Family Health includes section managers for Perinatal Health, Child Health, Adolescent Health, Oral Health, Women's and Reproductive Health, Immunization and WIC. Each section is staffed with many years experience in public health program planning, implementation, and evaluation, and includes research analysts to evaluate data from a variety of data sources; most staff has graduate level degrees. Professional consultants are on OFH staff; reporting to the Title V Director, include the MCH Medical Epidemiologist, Medical Family Practice Consultant, Early Childhood Mental Health Consultant, MCH Data Systems Consultant, and MCH Program Specialist. The Injury Prevention Program is located in the Center for Disease Prevention and Epidemiology, however Title V funds continue to support the Child Injury Prevention Coordinator, working closely with child health programs in OFH. The Injury Prevention Program also conducts research and surveillance of intimate partner violence, working in partnership with the OFH Women's Health Program.

Local Title V Programs are delivered though county health departments through intergovernmental contracts. Counties develop annual program plans for MCH, Family Planning, Immunization and WIC. Program policies and resource issues are negotiated through the Conference of Local Health Officials, and the MCH Committee, composed of supervising public health nurses. Other advisory groups partnering with OFH programs to develop policies and programs include: State Early Childhood Team, Oral Health Advisory Committee, WIC Advisory Committee, Oregon Partners to Immunize Children, Immunization Advisory Committee, Genetics Advisory Committee, Teen Pregnancy Prevention Task Force, FamilyNet Advisory Committee.

The Conference of Local Health Officials (CLHO) is an organization of county health department administrators and managers that advise state public health officials in matters of policy and programming. The CLHO-MCH Committee is an active partner with OFH and Title V programs in developing policy regarding services for the MCH populations in Oregon. CLHO-MCH meets monthly to learn information, discuss problems and issues common to county MCH programs, and to make decisions regarding funding and program implementation policies and to make recommendations to OFH/Title V Director and the CLHO Executive Committee.

All 36 counties have an Early Childhood Team to facilitate or conduct screenings of health and psycho-social risk in prenatal and postnatal health care settings; establish partnerships with the medical, public health, and social services community; and develop a process for connecting families to information, assessment, and services in the community. The OFH and the CDRC are primary partners in implementing the plan by providing expertise in nurse home visitation and data collection systems.

MCH EPIDEMIOLOGY CAPACITY:
The Office of Family Health has a maternal and child health epidemiology program that conducts surveillance of the population for use by OFH and other state and local organizations.
Ken Rosenberg, MD, MPH is the lead MCH Epidemiologist
James Gaudino, MD, MPH is the Immunization Registry Epidemiologist
Kathy Scott, PhD is the Immunization Program Epidemiologist
Julie Reeder, DrPH is the WIC Research Analyst
Amy Zlot, MPH is the Genetics Epidemiologist

Dr. Ken Rosenberg provides consultation and surveillance of MCH population health status to OFH programs and other local and state organizations. Dr. Rosenberg has been the Project Director of Oregon PRAMS (Pregnancy Risk Assessment Monitoring System) since 1998. Dr. James Gaudino provides consultation and surveillance of immunization in Oregon and consultation with Title V issues and activities as well. Dr. Rosenberg leads an office-wide forum or meeting regularly with the research analysts working in OFH programs to discuss and share issues, problems and activities related to data analysis and reporting. Dr. Rosenberg reviews population-based data analysis and reporting prior to dissemination by the OFH.

Oregon PRAMS, which joined the CDC PRAMS system in 2002, has enhanced the ability to identify problems, and develop and track health status indicators and performance measures. PRAMS data has supported OFH work on infant sleep position, breastfeeding, pregnancy intention, emergency contraception, periconceptional folic acid, maternal tobacco and alcohol use and intimate partner violence. Survey results are posted on the OFH web site http://www.dhs.state.or.us/publichealth/pch/prams/index.cfm.

The Office of Family Health actively planned and participated in the 3rd Western MCH Epidemiology Conference was held in May 2005 with participation of 15 western states. Conference was attended by about 200 people, mostly tribal, state and local health department staff. Plenary presentations were on Health Disparities, Fetal Alcohol Syndrome, Electronic Medical Records, Adolescent Health and Asthma.

Dr. Rosenberg is leading a wide collaborative development turning PRAMS from a cross-sectional survey to a longitudinal survey. The TOTS survey -- The Oregon Two-year-old Survey - will re-interview PRAMS respondents when their babies are 2 years old. The survey will begin in the fall of 2005. Among the topics will be well child care, chronic disease, immunization, breastfeeding, nutrition, physical activity, development, domestic violence, stress and social support, and tobacco and alcohol use.

PRAMS data is used extensively by OFH programs for the following policy and program development activities:
-- Smoking cessation in pregnant women
-- Emergency contraception in family planning
-- Folic acid use in peri-conceptual womens health
-- Family Planning Expansion Program evaluation and planning
-- MCH Performance measure development and consultation
-- Oral health surveillance of pregnant women
-- Latina prenatal care status
-- Breastfeeding status of WIC participants

The OFH epidemiologists host a number of interns and master theses students to interpret data, prepare publications and presentations, using PRAMS and other datasets. In spring and summer 2005, 8 interns and 3 theses students were sponsored by Dr. Rosenberg.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM:
Individuals. Dr. Nickel, the Director of the OSCSHN office, is CDRC representative to the State Interagency Coordinating Council for EI/ECSE, chair of the Oregon Pediatric Society's Committee on Children with Disabilities, and Professor of Pediatrics at OHSU. Rebecca Adelmann, head of the Family Involvement Network in the OSCSHN office, is also chair of Family Voices in Oregon. Diane Smith, Community Services Manager for the OSCSHN office, previously directed the distance learning program for the LEND training program of the OIDD. Marilyn Hartzell, Manager for Program Evaluation for the OSCSHN office, is also Director of the Office of Program Evaluation and Research for the OIDD. Pat Tangeman, the project coordinator of the Oregon Medical Home project and now project coordinator of the Strengthening Oregon's Community Services grant (SOCS), has completed IHI training on Breakthrough Collaboratives, and is Director of our current Learning Collaborative on Transitioning Youth to Adulthood and will direct the Learning Collaborative on Child Find. At present, 18 staff (13.31 FTE) work in the OSCSHN V office at CDRC. These staff are supported by the Block Grant as well as funding from other projects.

Community Integration of the CYSHN Programs. Dr. Dale Garell, consultant to the OSCSHN office chaired a Community-based Service System Task Force, completed a final report in May 2004 entitled "Toward a State-wide Community Based System of Care: An Integrated Approach to Care by the CDRC's Title V Services." Two of the recommendations in this report were to identify a single point of referral for OSCSHN services in the community and integrate the supports provided by OSCSHN office staff to community staff such as CaCoon nurses and CCN team members. Staff

changes over the past year have slowed this process and other agency priorities such as Family Net and the PHN Modules. Participation in the Universal Application System for Oregon (an activity of the FISH's grant) will require our office to develop common paperwork for families for any of our programs and will drive the process to identify a single point of contact in communities, the county health department and the CaCoon nurse. In addition, the OSCSHN public health nurses provide support to both local CaCoon nurses and CCN teams.

Videoconferencing equipment/Distance Learning. The OSCSHN office has recently added polycom videoconferencing equipment to a second room at CDRC, upgraded equipment in the Eugene CDRC office and will place polycom systems in 3 county health departments. The equipment in both the Portland and Eugene offices will connect up to 5 local sites at a time to markedly increase the capacity to involve community health professionals in planning as well as training activities. For example, the quarterly sessions of the youth transition learning collaborative are being presented by interactive videoconference with the community sites.

The Role of Parents of CYSHN at CDRC. The CDRC employs people with disabilities and parents of CYSHN in a variety of roles. Persons with disabilities are employed in project evaluation, project coordination and as consultants. Parents of CYSHN are employed in project management, as family consultants, in grant planning and evaluation, administration of family support programs and gift funds and as consultants to grants, other projects and training initiatives. Through the Family Involvement Network (FIN), three family members hold part time positions specifically to assist the program with broad parent perspectives, to enhance connections throughout the state with parents of CYSHN, and to assist and arrange for training opportunities for both families and professionals. One of these parents is the first parent to participate in leadership training through the LEND program of the OIDD. The state Family Voices coordinator is the parent coordinator of FIN. Community-based liaisons and teams, and the Multicultural Task Force, CDRC continues to make family professional partnerships and participatory action initiatives a high priority.

E. STATE AGENCY COORDINATION

The Office of Family Health, the state Title V Agency, extensively facilitates and promotes collaboration and coordination among state, local and non-profit agencies as ongoing development and maintenance of a system of care for the maternal and child health population. The Office of Family Health resides in a Health Services cluster in the Dept. of Human Services, which includes the Office of Medical Assistance Programs OMAP (Oregon Health Plan and Medicaid agency), Office of Mental Health and Addiction Services (OMAHS), and the public health offices -- Public Health Officer, Public Health Laboratory, Public Health and Environmental Services, Office of Disease Prevention and Epidemiology. State level relationships among these core health system agencies increase the ability of Title V to build collaborations and coordination around activities and programs addressing the health needs by population group. Oregon does not have an EPSDT program. Early developmental screening for Oregon Health Plan enrolled children are conducted through primary care providers and county health departments provide developmental screening for children with medical and social risks, through the high-risk infant tracking program, Babies First!.

Collaborative efforts of Office of Family Health and Child Development and Rehabilitation Center include:
- Babies First! High-risk infant tracking, and CaCoon coordinate program components and procedures and implement the programs at the local level. The programs use common developmental screening tools and data reporting forms and a statewide data system. Joint training classes are presented for the nurses and program managers.
- Early Child System of Services and Support: OFH staff are assigned to be a part of the Governor's Interagency Coordinating Team to implement an Early Childhood System of Services and Support in Oregon.
- FamilyNet Data Integration: Agencies involved in development are Oregon Commission for Children

and Families, Oregon Dept. of Educaiton, Conference of Local Health Officials, county health departments, Oregon Healthy Start, public health offices of Public Health Laboratories (OSPHL) and Disease Prevention and Epidemiology (ODPE), and Early Intervention agencies.
- Early Hearing Diagnosis and Intervention Program (EHDI): OFH and the CDRC partnered with other agencies to implement newborn hearing legislation passed in 1999. is established in the OFH and reports directly to the Title V Director. A multi-disciplinary advisory committee provides direction for the entire newborn hearing screening process. - - Metabolic Screening: The Public Health Laboratory provides newborn metabolic screening to all Oregon infants. Newborn screening follow-up, program consultation, quality assurance and education are provided by the CDRC. Through this agreement, all infants suspected of having metabolic problems are referred to the CDRC for follow-up.
- Defining Children with Special Health Needs: CDRC and the Office of Family Health are collaborating on a committee to develop a common definition for CSHN in Oregon. Partners include OMAP, Regence BlueCross/BlueShield, Kaiser Permanente and other health care plans, Providence Child Center, Oregon Department of Education, Oregon Commission of Children and Families, and parents. The workgroup developed and recommended two approaches and associated sets of tools to define CSHN. A validated list of diagnostic codes is recommended as a common method for identifying CSHN at the systems level and screening and complexity level tools are recommended for use at the practice level. The recommendations and both sets of tools have been disseminated to partners.
Immunization: The Immunization Program works closely with the Local Health Departments and the Department of Education and the Employment Department to monitor and enforce school entry requirements for day care facilities and schools. The Immunization Program is a lead partner in the Oregon Partnership to Immunize Children (OPIC) and the Oregon Adult Immunization Coalition (OAIC). Both coalitions are made up of private and public sector partners committed to improving immunization coverage rates in their respective populations.
Adolescent Health: The Coordinated School Health Program, a state-level partnership with the Oregon Department of Education, has continued to support development of the Healthy Kids Learn Better Coalition, which now represents over 40 statewide organizational-level partners to promote public policy and legislative agendas that support coordinated school health concepts and focal areas.

Genetics: The Genetics Program collaborates with La Clinica del Cariño Family Health Care in Hood River, Oregon, to determine if the current methods of collecting family history information accurately and completely capture this information and with Kaiser Permanente on an assessment of family history tools. Information gleaned from these studies can be used to develop future prevention and intervention programs related to use of family history in the clinical setting.

WIC: Oregon Nutrition and Health Screening Program (WIC), along with Oregon Dept of Education, Oregon Food Bank, Oregon Food Institute, Ecumenical Ministries of Oregon. Oregon Childhood Development Coalition, Food for Lane County, DHS Seniors and People with Disabilities and Children Adults & Families, OSU Extension Service, USDA are members of the Oregon Hunger Relief Taskforce a partnership created by the 1989 State Legislature to act as a resource within government and as a statewide advocate for hunger issues.

The Farm Direct Nutrition Program is a partnership with Oregon Nutrition and Health Screening Program (WIC), Oregon Department of Agriculture, Oregon Seniors and People with Disabilities, Oregon Farmers' Market Association, and Oregon Food Bank to provide fresh fruits and vegetables from farmers' markets and farm stand to eligible senior citizens and individuals eligible for WIC (Supplemental Nutrition Program for Women, Infants and Children).

Interagency and Intra-agency Coordination Efforts: OFH and CDRC coordinate on a number of projects with social services and related programs and agencies.
- Children, Adult and Families Services: Community-Based Application Assistance project (to expand access to OHP and early prenatal care), Students Today Aren't Ready for Sex (STARS) Abstinence Program, Teen Pregnancy Prevention
- Office of Medical Assistance Programs: Lead Screening, Community-Based Application Assistance Project, Dental Health Services, Preschool and Adolescent Immunization, Vaccine for Children,

Family Planning Expansion Project, School-Based Health Centers, VISTA Health Links, Oregon MothersCare, Maternity Case Management, Babies First! CaCoon; Childhood Cavity Prevention, definition of CSCHN, early child mental health
- Partners for Children and Families (Commission for Children and Families): The PCF includes persons from social services, education, child care, public health, juvenile justice, and citizens. Early Childhood Comprehensive Systems Initiative (HRSA-CISS-SECCS grant) works extensively with this organization in developing its plan.
- Office of Mental Health and Addiction Services: The Oregon Teen Health Survey is Oregon's Youth Risk Behavior Survey, and is implemented as a partnership between the Title V Adolescent Health Program and OMHAS.
- Healthy Kids Learn Better (Coordinated School Health) Program: CDC funded project is a key state-level partnership with the Oregon Department of Education that supports implementation of the coordinated school health systemic change model and framework at the local school level to address health-related barriers (e.g. nutrition, physical activity, tobacco) to learning and educational success

OFH Intra-Agency Coordination with other federal programs:
The Office of Family Health Administrator (Title V Director) is directly responsible for federally funded programs serving women and children -- WIC, Immunization, Family Planning, Title V, and various other categorical grants. The OFH Administrator and the CDRC Director (Title V CSHCN Director) assure that programs and staff are working together on projects common to all MCH populations through program planning, regular meetings, and collaborative activities. Following are current activities:
- WIC and Immunization have joined in a coordinated effort to refer WIC and perinatal clients to appropriate immunization services for mothers, infants and preschool children.
- The Breastfeeding Initiative is a program coordinated between WIC and Child Health nutritionists to improve the nutritional and healthy status of infants.
- Oregon's MothersCare is an initiative to build partnerships to streamline, coordinate and promote access to early prenatal care through coordination of referral systems which link women to the state toll-free hotline (SafeNet), pregnancy test sites, local health departments, OHP (Medicaid), Maternity Case Management, WIC and other agencies that provide prenatal services.
- The Title V and Title XIX agencies, with other private and public providers, participate on joint committees to facilitate the coordination of services with common clients.
- The Childhood Injury Prevention Program, in CDPE, chairs the Area Trauma Advisory Boards to coordinate activities across a variety of public and private organizations.
- The OFH maintains contractual arrangements through an interagency contract with all county health departments.
- The OFH has agreements with a variety of schools to provide a school fluoride rinse program. This includes the provision of fluoride supplies to schools and training programs for teachers, professionals, and volunteers.
- The Immunization Program contracts with OMAP to improve age-appropriate rates among Medicaid children to 90% by two years of age and implement a plan to promote adolescent immunizations. The Immunization Program also contracts to purchase vaccine to be provided under the Title XXI, Children's Health Insurance Program.

State Agency Coordination for Child Development and Rehabilitation Center (Children with special health needs programs):
The OSCSHN office continues to strengthen partnerships developed over the years with the following:

1. The OSCSHN office contracts with 34 county health departments for implementing the CaCoon program, and with school districts, Educational Service Districts, hospitals or pubic health departments in 15 CCN sites around the state for a professional staff person to assist with coordination of the CCN clinics. One health department serves 3 counties.

2. CCN physicians and parents who worked in the Medical Home project. The OSCSHN office has personal service contracts with the physicians who participate on CCN teams and the parents who

participated in Medical Home Project and are now part of the Family Involvement Network.

3. Office of Medical Assistance (OMAP): The CDRC's Interagency Agreement addresses reimbursement rates for services provided at the CDRC tertiary clinics for children covered by a Medicaid Fee for Service Card. The Medical Director of OMAP and staff from his office continue to participate on CDRC committees and in other CDRC activities such as the Stakeholders group on financing health care for CYSHN, the technical assistance provided to the OSCSHN office and other agencies on the Universal Application System, and the Child Find group of COIT.

4. Oregon Department of Education (ODE): Dr. Nickel, Director of the OSCSHN office, represents CDRC on the State Interagency Coordinating Council for Early Intervention/Early Childhood Special Education. CaCoon Nurses participate on the Local Interagency Coordinating Councils. ODE and CDRC continue to work together on issues that cross health and education including adolescent transition, early referral from NICUs to community-based programs, child find, and personnel preparation. For example, staff from the OSCSHN office, the OFH and ODE are working together to revise the established risk criteria for EI/ECSE, consider provisional risk criteria for eligibility and to agree on common developmental screening tools. CDRC and the ODE update the interagency agreement on a yearly basis.

5. Oregon Pediatric Society (OPS): The CDRC Director and the Director of the OSCSHN office serve on the OPS Executive Committee and Dr. Nickel is chair of the OPS Committee on Children with Disabilities (CCWD). Dr Budden, the incoming president of the OPS is a developmental pediatrician as is the OPS vice president. CDRC will continue collaborative activities with the OPS, for example, joint support of learning collaboratives on preventive care and specific chronic conditions and other activities to support medical home improvement. Of note, the Oregon Medical Home Project received a Community Service Award from the OPS at their 2004 annual meeting. The OPS and CDRC are also co-sponsoring a survey of Oregon's pediatricians and health plans on coding and reimbursement. 98 respondents have completed the pediatrician survey; to date no health plans have returned a completed survey. The health plan survey will be pursued through interview. In addition, relationships will be strengthened with the Department of Family Practice and the Area Health Education Center (AHEC) program at OHSU as well as the Oregon Academy of Family Physicians initially through work with ORPRN and the ORH.

6. The Oregon Rural-based Practice Research Network (ORPRN) and the Office of Rural Health (ORH) at OHSU. The OSCSHN office has begun collaborative relationships with ORPRN and ORH for activities in the SOCS grant. 28 primary care practices participate in ORPRN including 2 pediatric practices. Pediatricians in these 2 practices also participate in the CCN. Staff of the ORH have worked with a number of community planning groups in rural Oregon and have developed materials to support the community planning process. The OSCSHN office will work with 3 of these groups to establish the Health Watch committees of the SOCS grant.

7. Health Plans: Representatives of health plans have participated in a number of CDRC advisory groups including the group that agreed on common system level and practice level definitions for CYSHN and the Medical Home advisory group. OSCSHN staff have presented to the medical directors group of the health plans that contract to provide Oregon Health Plan services, and begun to meet with the medical directors and care management staff of ODS, Care Oregon, Regence Blue Cross and Providence health plans to share information about community services and to collaborate on educational programs for providers and families. The SOCS grant will continue to support these activities.

8. Oregon Mental Health and Developmental Disabilities (MHDD): An MHDD staff member participates on the interagency team addressing adolescent transitioning, and the manager of the Family Support Program of the OSCSHN office was appointed by the Governor to serve a term on the Oregon Council on Developmental Disabilities. In addition, a MHDD staff member who is also a parent of a CSHN is a member of the OSCSHN Family Support Program advisory committee.

9. Vocational Rehabilitation Division (VRD) and the Social Security Administration (SSA): The CDRC, SSA and the Disability Determination Services (DDS) of VRD educate providers about Childhood SSI eligibility, outreach to potentially eligible families, and ensure that families who apply for SSI receive information about available services. Representatives of VRD are participating on the 6 community teams of the youth transition learning collaborative. Staffs from both VRD and SSA have participated in previous Title V sponsored conferences.

10. Shriners Hospital for Children: The CDRC and Shriners Hospital collaborate on adolescent health transitioning and medical home issues and CDRC pediatricians regularly staff clinics at the Shriners Hospital. Shriners' care coordinators have participated in Title V OSCSHN sponsored conferences, and the Title V OSCSHN nurse liaison meets regularly with the care coordinators at Shriners Hospital to discuss ways to facilitate referrals to local public health nurses. OSCHN and Shriner Hospital co-hosted an interactive videoconference on Obesity Prevention and Treatment for Children with Special Needs.

11. Oregon Commission on Children and Families (OCCF): The CDRC works with the Commission at the state and local levels to avoid duplication and to train the participants in home visiting programs. A unique collaboration between Healthy Start and CaCoon exists in one of the counties. The Healthy Start paraprofessional has been hired as the Promotora and works with the CaCoon nurse to provide services to CSHN in their Hispanic community. The OFH, OCCF, the ODE (EI/ECSE) and CDRC testified jointly to the Oregon legislature on home visiting programs in their current legislative session.

12. Hospital NICUs and Pediatric ICUs: Staff from the OSCSHN office have worked with hospitals throughout the state to educate case managers, discharge coordinators and social workers about community-based programs for CSHN. In the past year a brochure for parents of premature infants about community resources has been developed, personalized by each hospital's NICU staff and distributed to families. In addition, a CD of county resources, in particular the CaCoon and CCN programs, was provided to hospital discharge coordinators.

13. Family Organizations: The CDRC participates with these groups to plan a parent-to-parent network for families who have a child with a special need. CDRC staff members participate on various local task forces and committees such as Arc, United Cerebral Palsy (UCP), early intervention councils, community service clubs, and neighborhood meetings. Family Voices and the FIN program are collaborating with the Oregon Parent Training and Information Center, the Family Action Coalition Team and other family organizations to submit a CMS grant for a family resource center. CDRC also continues to develop collaborative relationships with additional groups, including Precious Beginnings, the IEP Partners project and the Oregon Family Support Network for families with children with mental health disorders. One of the parents in FIN program is a member of the OFSN.

14. Oregon Regional Hemophilia Center: The Oregon Regional Hemophilia Treatment Center based at the CDRC has been the designated federal regional care center in Region X since 1976. Subcontractors are in each of the four Region X states and a satellite hemophilia program is in Spokane. 203 children and young adults were seen through the Center this past year. Team members visit work sites, physicians' offices, emergency rooms, and local health departments.

15. Providence Child Center (PCC) and the Swindells Family Resource Center: OSCSHN staff including members of FIN meet regularly with Swindells' staff. Their staff were invited to the Universal Application System meeting and will participate in another activity of the SOCS grant, a stakeholders meeting to improve collaboration of agencies that maintain resource guides. Staff also participated in the Health Care Finance inititative meetings brining together stakeholders to discuss health benefits counseling and advocacy.

16. Child Care and Respite Care: A representative from the CDRC has participated in the development of the Multnomah County Lifespan Respite Network and currently sits on the Inclusive Child Care committee of the Oregon Council on Developmental Disabilities. This project currently conducts 12 pilot projects to assist the families of CYSHN to locate appropriate child care and respite

resources and provides funds to supplement child care costs.

F. HEALTH SYSTEMS CAPACITY INDICATORS

Oregon's data capacity to measure the eleven indicators is contingent on access to a number of data sources. The OFH currently has access to data from FamilyNet client data including WIC client data ("TWIST"), Immunization client (IRIS) and registry (ALERT) data, EHDI (Early Newborn Hearing Detection Intervention) data, linked newborn screening and birth certificate data, Ahlers Family Planning client data, birth and death statistics, OMAP (Office of Medical Assistance Programs) and Oregon Health Plan (Medicaid) data, hospital discharge data, PRAMS surveys, BRFSS surveys, and Teen Health (YRBS) Survey data. For children with special health needs programs, located at the Child Development and Rehabilitation Center at OHSU, Oregon Health Plan data is available to track early intervention, screening, diagnosis, referral and follow up for a variety of health and oral health issues.

Capacity Building For Oregon's Children With Heritable Conditions:
Oregon's integrated data system, FamilyNet and the Family & Child Module (FCM), is being developed to support and evaluate an integrated system of services in which all children, pregnant women, and families at risk are identified as early as possible, and services needed for optimal health and development are available and accessible. The FamilyNet Family & Child Module will contain case based and aggregate, population, screening, follow-up, and care coordination data from seven different perinatal and child health programs. The FCM programs include the Early Hearing Detection & Intervention (EHDI); reporting and long term care coordination related to newborn dried blood spot screening (newborn metabolic, hemoglobin, and endocrine disorders screening); public health care coordination for children with special health needs (CaCOON and Community Connections Network); high risk infant follow up (Babies First!); prenatal care access (Mother's Care); care management for high-risk pregnant women (Maternity Case Management); and community support for families with social and economic risk factors (Healthy Start). While the program specifics are allowed to vary as needed, the automation design is standardized across all programs to augment program and systems evaluation.

State Systems Development Initiative:
The Oregon SSDI activities are integrated and supportive to the Children with Heritable Conditions activities in development of FamilyNet and the Family and Child Module. SSDI is also supporting a MCH Monitoring System Enhancement. The MCH Monitoring System, begun with Oregon's previous SSDI grants, is automating the transfer of performance measurement and health assessment measures developed in the data-mart into the Monitoring System. OFH program administrators and managers will continue to use current and historical trend data in the Monitoring System, and SSDI staff will make this information understandable and available to local public health officials, legislators, researchers, health care providers, and the general public. The Monitoring System is an interactive spreadsheet that keeps updated health assessment and performance measurement data in one place and makes them available for comparison across multiple years. The automation part of the project is on hold although the data is being kept up to date.

SSDI is also beginning development of the FamilyNet Data warehouse, which will integrate FCM, WIC and immunization data. Similarly, as other programs begin to use the FCM, the Client Master will integrate all program data. The FamilyNet interactive system data can then be extracted directly to the FamilyNet data warehouse for analysis. The data warehouse will be built as part of the FCM development.

Vital Statistics-Public Health data warehouse: VistaPHw is a web-based, user-friendly software package that allows the public health community in Oregon to access and analyze population-based health data on the county or state level. The program calculates rates of disease or other health events for specific age, gender and race groups with appropriate statistical measures: confidence intervals, case counts, and time trends. Oregon data sets currently available for analysis through

VistaPHw include birth, death, infant mortality, communicable disease and population estimates. Future plans for the initiative include making VistaPHw available to additional counties, adding more data sets, and allowing analysis on sub-county geographic levels.

Status and challenges for sources for the Health Systems Capacity Indicators:

HSCI #1: ICD-9 codes for hospital discharge data is readily available within Health Services.

HSCI #2 and 3: Medicaid data is readily available from the Office of Medical Assistance Programs. SCHIP data is rolled into Medicaid data as a seamless Oregon Health Plan (waiver) program. The requirement for EPSDT was waived in Oregon with creation of the Oregon Health Plan so no consistent data are available on the number of children who receive periodic developmental and health screens. The Title V Program is looking into identifying an appropriate proxy measure.

HSCI #4: Birth vital statistics data is readily available for calculating the Kotelchuck adequate prenatal care data.

HSCI #5: Birth certificate data, not Medicaid data, is used to calculate the births paid by the Oregon Health Plan (up to 185% FPL) and those not paid by OHP.

HSCI #6: SCHIP is rolled into the Oregon Health Plan for the eligibility for all populations. Data from the Medicaid Management Information System (MMIS) is available.

HSCI #7: Oregon does not have an EPSDT program for Medicaid children. The data represents those children aged 6 through 9 who have received a dental service paid for by the Oregon Health Plan.

HSCI #8: A reliable data source is not available for this measure. Data is estimated for the number of children less than 16 years of age who receive SSI benefiits and rehabilitative services through CDRC clinics. This number is inflated by the number of children seen as part of SSI eligiblity evaluation who did not receive an actual rehabiltative service.

HSCI #9A: Oregon MCH program has direct electronic access to all linked birth and death vital records data. Hospital discharge data information is readily available through requests to the Office of Disease Prevention and Epidemiology. Oregon was approved but not funded by CDC for a Birth Defects Registry Surveillance system two years in a row, and will continue to submit applications.

HSCI #9B and 9C: Oregon MCH Programs have electronic access to the Oregon Healthy Teens Survey -- the YRBS system in Oregon -- to evaluate both tobacco use by children in 8th and 11th grades and verweight and obesity among children in 8th and 11th grades. Currently in development in Oregon is a "risk behavior survey" for elementary age children.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

The 2001-2006 Family and Child Health (Title V) Needs Assessment established priority needs in Oregon. The State Negotiated Measures represent indicators that meet OFH selection criteria: measures that relate to OFH and DHS priorities for which data are valid, currently available in Oregon, planned to be reliably tracked over five years, and related to evidence of favorable program outcomes. The State Negotiated Measures were also selected for their relevance to the Oregon Benchmarks and priorities, a statewide quality of life measure system coordinated through the Governor's office. A "MCH Monitoring System" created through the SSDI initiatives, maintains definitions of all performance measures, high level outcomes, and intermediate level outcomes, and the measure's relationship to agency or grant requirements such as the Oregon Benchmarks, Oregon Dept. of Human Services, Title V, and other federal, state or projects.

2001-2006 State Performance Measures
The ten state measures from the 2001-2006 were based on the priorities from the Family and Child Needs Assessment and on validity of data sources to measure progress over the five year time period. The state negotiated measures and their supporting activities reflect the focus of MCH programs in OFH and CDRC to build infrastructure in public health systems for better service delivery and in improving population health through better program delivery. Measures related to pregnancy health, injury prevention, tobacco use, and water fluoridation are directly related to the reducing mortality rates, or the underlying morbidities, represented by the six Core Outcome measures. The other measures are related to building infrastructure to address MCH population needs. In Oregon, the focus of MCH infrastructure building is on access to care, enhancing of communication with and information for providers, and data capacity to better analyze indicators and outcomes in the future.

The 2005-06 Priorities Background and Overview:
The selection of health priority needs for the 2006 Needs Assessment began with a review and evaluation of work conducted by other offices and agencies during 2004-05. The Local Public Health Agency Plans, the CCF Plans, and other similar documents were reviewed and compiled to determine the highest priority issues felt by Oregon communities. The information from these documents was synthesized to develop the leading priorities most recently assessed by local agencies. A list of health topics was identified as leading problems or assets for Oregonians. These topics included: Insurance coverage and access to care; Perinatal care; Mental and emotional health; Substance abuse; Injury; Oral health; Obesity and nutrition; Health disparities; Prevention and screening; Reproductive health; Chronic disease prevention; Other: communicable disease, environmental health, geriatrics.

From these issues, overall priorities for Title V were discussed and prioritized among work groups formed around MCH populations and resulting in a selection of "aims". An aim is similar to a goal but it is measurable and active, and is intended to serve as an over-arching focus for performance or outcome measures. Criteria for the aims included:
-- Importance: Based on health status indicator data, does the health topic significantly impact a large number or of a vulnerable sub-population of Oregonians (health disparity)?
-- Ability to Impact: Can the health topic be improved upon in 5 years?
-- Measurability: Can we measure the impact that we make?
-- Leverage: Do current opportunities or resources (such as current efforts or initiative, funding, public awareness or political will) exist to leverage the impact of working on the topic?
-- Alignment with State Agency Priorities: Does work on this topic promote and/or support the governor's and/or other state agencies goals and policy agendas?
-- Alignment with Other Partners' Priorities: Does work on this topic address an issue of stated importance to our Local Health Departments or other partners?
-- Impact on OFH programs: Will working on the topic build, expand, or shift the current work of OFH programs in a direction consistent with our values and mission?

The Aims selected are:
- Children's health needs are always met.

- Individuals and families exhibit healthy lifestyles.
- Children, adolescents and families experience optimal mental health and social emotional development.
- Parents and providers are confident in caring for children.
- Racial and ethnic disparities are eliminated (cross-cutting)
- Strong leadership is helping to reduce morbidity and mortality of the maternal and child health population (cross-cutting).

The last two were identified as cross-cutting aims that apply to the other 4 aims, the MCH population groups, and should be reflected in performance measures and planning.

During the interim needs assessment years, the Oregon Title V Program will work to building the program and resource allocation necessary to address needs that will contribute towards the positive impact toward Oregon's National and State Negotiated Performance Measure objectives.

B. STATE PRIORITIES

2001-2006 Priorities:
The Child and Family Health Needs Assessment identified five priority issues and three major needs that cross five issues: access, education and data. From this assessment, the following priority objectives were selected for developing State Negotiated Performance Measures and represent key indicators for which data is currently available and which will help Oregon measure accomplishment to meeting the needs. See the Needs Assessment Content for discussion on needs and recommendations for public health to address these needs.

1. Increase the percent of pregnancies among women 15 to 44 that are intended.
2. Increase the prevalence of folic acid use among women prior to their becoming pregnant.
3. Reduce the number of women who use tobacco during pregnancy.
4. Increase the observed number of children aged 0-4 riding in cars restrained in child safety seats
5. Increase the proportion of 8th graders free from tobacco use during the previous month
6. Increase the number of Oregonians who live in a community with fluoridated water systems.
7. Increase the number of students with access to services at a certified school-based health center.
8. Increase access to appropriate care coordination services for CSHCN in Oregon.
9. Develop a statewide data system to support early childhood program needs through multiagency collaborative efforts.
10. Increase the percent of identified programs/providers who have signed a collaborative working agreement with the Oregon children with special health care needs program.

The progress on addressing the priority needs are reflected in the activity reports for each of these state negotiated measures, in agency capacity, and coordination. Programs, pilot projects, and policy development activities have been initiated to address the three overall needs: access, education and data.

Examples of activities include:
Access: Early childhood cavity prevention pilot projects; WIC farmers market; Oregon MothersCare; Coordinated School Health projects; Nurse Consultation in child care. ; addition of parents of CYSHN to CCN teams; and pilot project to provide services to children with metabolic disorders and newborns with birth defects by telehealth.

Education: Newborn Handbook distributed to parents of all newborns, with information covering immunizations, breastfeeding, child care, sleep position, growth and development, in English and Spanish. Other family-based education materials have been developed for hte public and for providers. CD of community resources for CYSHN provided to hospital discharge coordinators; and distribution of information through health plans to families of CYSHN on navigating the health care

system.

Data: Client data information system, FamilyNet, continues in development. The MCH Monitoring system tracks intermediate and high level outcomes for continuous assessment of outcomes for Title V population and service levels.

2006-2011 State Priorities:

The 2005-06 Needs Assessment conducted an extensive capacity assessment for providing all levels of the Title V Pyramid of Services. The information from these capacity assessments will provide direction during the interim years to develop the programs, services and resource allocation that best contribute towards the state's performance measures. The greatest need from these capacity assessments was in the area of mobilizing partnerships, including with families, at the state and local levels, and in program evaluation and continuous improvement systems.

The overarching Aims selected in 2005 will provide guidance for Oregon's Title V programs through selection of additional program-level performance measures and evaluation. The state performance measures selected to represent these aims are intended to be the best indicators available for those aims. The Title V State Performance Measures are viewed as "intermediate" measures that are not ends in themselves, but rather the best indicators to monitor progress of efforts among state and local public health partners.

An exception to the list of State Performance Measures is the absence of a mental health performance measure. Mental health status for children, adolescents, pregnant women, and children with special health needs does not have reliable and valid data sources to acceptably measure progress toward improvement. An emotional health and mental health status measure would have been included in the state measures. However, mental health wellness and access to mental health services repeatedly arises as one of the top needs by families and by providers serving those families. Oregon Title V program therefore added mental health in its list of priorities, without a supported performance measure, with the commitment to actively work to develop appropriate measures during the interim years. The MCH Block Grant interim year updates will report progress in developing these measures.

The 10 state performance measures for 1006-2011 are listed below with their relationships with the 6 Aims selected through the needs assessment process.

Priority 1: Children's health needs are always met
- Percent of infants diagnosed with hearing loss that are enrolled in Early Intervention before 6 months of age
MCH Populations: Infants, Children, Children with Special Health Needs

- Percent of children that complete the 4th DTAP vaccine (12-18 mos)
MCH Populations: Infants, Children

- Percent of 11th graders who report having unmet health care needs
MCH Populations: Children and Adolescents

Priority 2: Individuals and families exhibit healthy lifestyles
- Percent of Oregonians living in a community where the water system is optimally fluoridated
MCH Populations: Infants, Children, Children with Special Health Needs, Pregnant Women

- Percent of smoking pregnant women who quit smoking during pregnancy and remained quit
MCH Populations: Pregnant Women, Infants

- Percent of births that are intended

MCH Populations: Infants, Children, Adolescents

- Percent of (8th and 11th) graders who report 3 or more days of vigorous physical activity in the last 7 days
MCH Populations: Children, Adolescents

Priority 3: Children, adolescents and families experience optimal mental health and social emotional development.
MCH Populations: Pregnant Women, Infants, Children, and Adolescents

Note: Oregon Title V Program is committed to improving mental health status of mothers and children. The Program recognizes the current lack of reliable, valid population-based data to measure performance. In the next five years, the Title V Program will work to develop infrastructure, measures, and activities, integrated and linked with services reaching this population, in areas such as:
- Maternal depression
- Social-emotional health of young children
- Social-emotional health of adolescents

Priority 4: Parents and providers are confident in caring for their children
- Percent of health care providers who report confidence in caring for CYSHN and their families.
MCH Populations: Children with Special Health Needs

- Percent of families of CYSHN who report costs not covered by insurance were usually or always reasonable.
MCH Populations: Children with Special Health Needs

- Percent of families of CYSHN who reside in rural areas report that needs are usually or always met.
MCH Populations: Children with Special Health Needs

Cross-cutting priorities:
Performance and outcome measures, activities and resources, and on-going needs assessment will be developed to address the following priorities across all performance measures :

Priority 5: Racial and ethnic disparities have been eliminated.

Priority 6: Strong leadership is helping reduce morbidity and mortality of the MCH and family population.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance	100	100	100	100	100

Objective					
Annual Indicator			100.0	100.0	100.0
Numerator			30	33	24
Denominator			30	33	24
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100

Notes - 2003

Changes in this measure occured in 2003. The differences in the numerators and denominators now measure the numbers of positive metabolic tests that received a follow-up. The previous measure counted the percent of all births receiving a screen; the previous measure results are not reflected here.

a. Last Year's Accomplishments

- During 2004, progress continued on developing a mechanism to link newborn metabolic screening data with other newborn and child-related information in a system to assure that all children born in Oregon receive appropriate screening. The newborn screening kit identification number is now routinely used as a unique identifier in data linkage.
- Oregon's Newborn Screening follow-up program, a partnership between the Oregon State Public Health Laboratory (OSPHL) and follow-up/medical consultant staff at the Oregon Health and Science University, continued its success in assuring that all newborns needing follow-up testing and referral received those services in a timely manner. Follow-up staff continued to work with hospitals, midwives and other providers to improve accuracy, quality, and timeliness of specimen submission and to improve rates of second screening.
- In 2004, the OSPHL Newborn Screening Program and OFH jointly convened and chaired a Task Force to consider adding newborn screening for cystic fibrosis to the newborn screening panel; in addition OFH participates on the Newborn Screening Program Advisory Committee.
- 2004 marked the second complete year of expanded newborn metabolic screening using tandem mass spectrometry. Oregon continued to be a national leader by being the only state routinely performing expanded tandem mass spectrometry screening on all first and second screens submitted for infants.
- The OSPHL, OFH and CDRC continued collaborative efforts on a HRSA grant: Long Term Follow-Up of Infants Identified by Newborn Screening in Oregon and Idaho.
- The OSPHL, OFH, and CDRC, in collaboration with regional partners, are participating in the Western States Genetic Services Collaborative, a HRSA Cooperative Agreement. The primary goal of the project is to improve access to genetic services for families living outside large metropolitan areas. Work on this grant started in 2004, and includes piloting and evaluating a regional practice model for delivering genetics services, both within states and across state borders.
- The OSPHL provided representation on the National Newborn Screening and Genetics Resource Center (NNSGRC) Performance Evaluation and Assessment Scheme (PEAS) Committee. This committee is involved in the development of standard laboratory and follow-up guidelines and self-assessment tools for newborn screening programs.
- The OSPHL contributed an oral presentation on expanded screening information and data for the Oregon Newborn Screening Program at the National Newborn Screening and Genetic Testing Symposium held in Atlanta, Georgia.
- The Oregon Practitioner's Manual was updated with revisions reflecting the most current knowledge on the disorders screened by tandem mass spectrometry.

- The OSPHL Newborn Screening Program was represented among the members of the Association of Public Health Labs (APHL) National Newborn Screening and Genetics Committee.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. State law mandates that all newborns receive metabolic screening			X	X
2. Contractual partnerships between lab and OHSU for follow-up		X		
3. Practitioner manuals are updated and distributed throughout the state				X
4. Newborn screening data linked to birth certificate data for assessment and early intervention				X
5. WIC provides PKU formula and food product purchases, and transportation	X			
6.				
7.				
8.				
9.				
10.				

b. Current Activities

- Technology updates for newborn screening tests continue in 2005, including computer system upgrades for data processing and downloads from testing instrumentation.
- Work continued on Oregon's HRSA-funded Cooperative Agreement "Capacity Building for Oregon's Children with Heritable Conditions" project. This year the newborn screening dried blood spot, newborn hearing screening, and birth certificate data matching process was refined; the architectural design for the Family & Child Module (FCM) of Oregon's integrated MCH data system FamilyNet was completed; and the detailed design requirements needed to automate FCM screening, assessment, and referral functions were identified.
- The OSPHL newborn screening program website was updated to include new site graphics and NBS information.
- The OSPHL continues offering WebRad, a web-based tool giving hospitals and physicians the ability to obtain newborn screening test results and patient information for their medical clients. The OSPHL continues to improve online access to screening results by authorized persons through the WebRad system.
- The OSPHL and the OFH, along with the Task Force convened to consider newborn screening for cystic fibrosis, are completing the deliberation process and finalizing a final report and set of recommendations. In the coming months, strategies for moving forward with cystic fibrosis newborn screening will be explored.
- In October 2005, Portland and the OSPHL is hosting the National Newborn Screening and Genetic Testing Symposium, sponsored by the Association of Public Health Laboratories. OSPHL is involved in the planning efforts for this major national conference, and will assist and present data and findings from the state newborn screening program during the event.
- 2005 marks the beginning of a multi-year process of planning the transition of the OSPHL and Newborn Screening Program from its current facilities into new facilities. Staff has started the initial phases of laboratory planning and design.
- The OSPHL is collaborating with OFH to update newborn screening information in the Newborn Handbook publication for parents.
- The OSPHL provided representation on the NNSGRC Technical Review Team in the

assessment of the Texas NBS Program.

c. Plan for the Coming Year

- The OSPHL will provide continued representation on the APHL National Newborn Screening and Genetics Committee and the NNSGRC PEAS Committee (National Newborn Screening and Genetics Resource Center (NNSGRC) Performance Evaluation and Assessment Scheme (PEAS)).
- The OSPHL will continue efforts for technology updates for newborn screening testing in 2006, including plans to update testing for galactosemia to achieve consistency with the most current methods and to upgrade the NBS computer system to improve data management.
- The OSPHL will continue efforts to assure that all newborns receive both an initial screening and a second screening at two weeks of life through parent and health care provider education. Efforts will focus on education of expectant parents in prenatal care settings.
- Agency partners will continue collaborative work on grants to improve newborn screening systems of service delivery, follow-up and data collection.
- The OSPHL will continue to maintain and update the web site containing general newborn screening program information and tandem mass spectrometry fact sheets.
- The OSPHL will continue efforts to provide and expand online access to screening results by authorized persons through the WebRad system.
- OFH/CDRC State Genetics Program staff will continue active involvement in newborn screening activities.
- The OSPHL will continue efforts in the planning and design of the new OSPHL and Newborn Screening laboratories in preparation for relocation in late 2006 or early 2007.
- The OSPHL will begin legislative, research and development activities in preparation for the addition of cystic fibrosis to the NBS testing panel.
- OFH/CDRC State Genetics Program staff will continue its work on the "Capacity Building for Oregon's Children with Heritable Conditions" and Western States Genetic Services Collaborative projects.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				55	57
Annual Indicator			54.6	54.6	54.6
Numerator				62990	62990
Denominator				115367	115367
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**

Annual Performance Objective	59	61	63	65	

Notes - 2002

The 2002 indicator is based on the State estimates from SLAITS.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
The data reported for 2004 comes from the same SLAITS data that is reported for 2003.

a. Last Year's Accomplishments

A major focus of the OSCSHN office has been increasing partnerships with parents of CYSHN to meet this performance measure. In January 2004, two additional parents were hired as Family Consultants and to develop the Family Involvement Network(FIN) of OSCSHN. The three family consultants have complementary experience in areas of developmental disabilities, mental health, and chronic physical health conditions. Family Consultants represented family perspectives in nearly all OSCSHN committees, initiatives, and grants, including planning, implementation and evaluation. They also have initiated recruitment of families for a statewide network starting with families who participated in the Oregon Medical Home Project. A FIN staff parent participated in the OSCSHN Director search, was interim chair of the community based services planning team, and presented at the annual trainings. Parents were included as paid consultants on the FISHs and Medical Home grants including families involved in 6 pediatric practices across the state.

FIN staff also maintained partnerships with many parent organizations. A FIN staff parent is also the state coordinator for Family Voices and co-chaired the Family Action Coalition Team (FACT), a statewide organization bringing together family driven organizations and partners including the Oregon Council on Developmental Disabilities, United Cerebral Palsy of Oregon and SW Washington, Oregon Parent Training and Information Center(OPTI), the Arc of Multnomah and Clackamas Counties, the Northwest Down Syndrome Association, the Parent Action Committee of Multnomah Early Childhood Programs, Oregon Family Support Network, National Alliance of the Mentally Ill, Learning Disability Association of Oregon, Parents In Action, the Oregon Advocacy Center, and individual families. FIN staff participated and/or presented at a variety of family events, including the annual Building on Family Strengths conference, OPTI, DD Council, UCP and Arc meetings. In addition, a FIN parent assists in preparation of the OSCSHN newsletter development and ensures that each issue includes parent perspectives or family stories. Parent involvement through FIN encompassed several initiatives including the Systems of Care grant for children's mental health, Washington County DD Council, Special Education advisory groups and meetings, Clarion (DD Council newsletter) editorial board, participation through Family Voices on national survey and data website development through Child and Adolescent Health Initiative (CAHMI).

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Family Involvement Network (FIN) families hired as staff to participate				X

on OSCSHN program activities				
2. Families recruited and trained to participate on community teams serving CSHN				X
3. Family representative participate (member on) state level committee				X
4. Family feedback solicited through surveys, focus groups and follow-up conversations				X
5. Support Public Health nurses in the community (CaCoon) to ensure service to families of CSHN to receive care coordination	X			X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Strengthening/enhancing family involvement continued is an area of critical importance. FIN increased the number of families in the network to over 30. Family recruitment and training efforts have been enhanced by an Incentive Award through the Champions for Progress Center at Utah State University. With this additional support, FIN and OSCSHN staff have initiated efforts to include families as members of local CCN teams at 2 sites, Linn/Benton (Albany) and Tillamook. Additional sites will be identified for future trainings (SOCS grant). FIN will provide ongoing training and support to families working on local teams. FIN families are represented in all efforts for integrated community based services, Family Support Program, team meetings, and in grant steering committees. FIN staff participated in all phases of planning the annual OSCHSN conference, presented family perspectives, and recruited family members to attend. In addition, families have become involved in OSCHN partnership activities with the Office of Family Health. The FIN parent team leader is part of the joint management team meetings and has begun attending the Family Net steering committee.

Through the FISHs project, families are engaged in community planning through focus groups and community forums. FIN serves on project steering committees and in community engagement work as well as the project team member on the Youth Transition Learning Collaborative. FIN parents recruit and support families onto the local teams around youth transition. A FIN member is also working with staff on a journal article regarding youth transition. Family involvement is included in development of the Universal Application Process. Data from family focus groups in six communities and community surveys form the basis for addressing issues at the community level. Family involvement is a key component in the OSCSHN portion of the Western States Collaborative Telegenetics grant.

Staff continued participation on boards and councils and presentations were made at the annual conferences of parent and professional groups, including OPTI, UCP, Oregon Association of School Special Needs Personnel, Portland State University's Building on Family Strengths conference and the Oregon Pediatric Society Conference. Through Family Voices, the FIN team leader facilitated family gatherings for a group of Latino parents whose children have special needs. OSCSHN also partnered with FIN and OPTI to support participation of 10 families, 6 of which were Latino families, at the OPTI annual training conference.

Finally, OSCSHN and Family Voices requested and have received technical assistance on healthcare finance strategies for CYSHN from Bobby Peterson of ABC for Health in Wisconsin through JSI and the Maternal and Child Health Bureau. Parents will participate in subsequent training programs on healthcare benefits and advocacy related to this TA.

c. Plan for the Coming Year

FIN staff members will complete the development and piloting of a curriculum for training parents to participate on professional teams and with practices. Through the SOCS grant, FIN will recruit families to partner on CCN teams, with ORPRN practices, and with local health departments. These parents will add local resources to the CDRC web-based resource guide (including dental, mental health and adult primary care resources) and identify local cultural resources. The OSCSHN office will complete the Block Grant needs assessment with surveys and focus groups of African American, Native American and Hispanic families of CYSHN.

FIN will expand partnership activities with OFH and a staff member will continue to serve on the steering committee for Family Net. For example, FIN will cooperate with OFH to support family involvement in the early childhood planning grant. In addition, FIN will continue family focused training events and will partner with Family Voices on a Region X Family Leadership conference to be held October, 2006, with support from Champions for Progress Incentive funds as well as substantial support from OSCSHN and the Western States Collaborative Telegenetics grant.

Finally, FIN and Family Voices will continue to work with CATCH coordinators and OHSU students on presentations around the benefits and importance of partnering with families. Continued collaboration and participation with the Multi-Cultural Task Force will address issues of family and culture as well as broaden outreach to diverse and underserved families.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				53	55
Annual Indicator			52.3	52.3	52.3
Numerator				60337	60337
Denominator				115367	115367
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	60	65	70	75	

Notes - 2002

The 2002 indicator is based on the State estimates from SLAITS.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

This was the final year of the medical home grant, which ended on March 31, 2004. In this year, the practice teams focused on completion of their individual medical home improvement plans, and discussed the medical home concept with other pediatricians in their practice and in their communities. A care coordination tool was piloted in all practices; however, it was not compatible with any of the EMR's used by these practices and thus was rarely used. Practice teams also participated in a brief video produced by OSCSHN office staff on Oregon's Medical Home Project that will be used to spread the word about the medical home improvement activities to other practices and other community professionals.

The final annual training for all of the teams was held February 2004. It was devoted to a review of several innovative, collaborative solutions to serving children with mental health issues and then collaborative planning by the community teams. We also started the process of planning for the transition of many of the medical home grant activities into the on-going services sponsored by CDRC's OSCSHN office. Of note, the physicians agreed to mentor other practices if they showed an interest in medical home improvement, but were not comfortable in recruiting other practices. The family members of the practice teams have agreed to participate in the growing statewide Family Involvement Network (FIN). Each participant also completed a self-assessment about his or her participation in the project over the 3 years. Parents, nurses and physicians all reported a significant gain in knowledge over the grant period. In addition, a composite analysis of all parent feedback surveys from year 3 indicated significant change in the following items: being able to get needed heath care, knowledge and respect for the child and family, care planning and care coordination.

OSCSHN has also convened a working group on reimbursement which sponsored a survey of Oregon's pediatricians on which "under-utilized" CPT codes they are currently using, and a similar survey of Oregon's health plans on which care management activities they sponsor and which CPT codes they will reimburse. The outcome will be an educational program for physicians and advocacy with health plans. The results of the pediatrician survey are available; however, none of the 15 health plans returned the questionnaire. They will need to be completed by face-to-face interviews with health plan directors. In addition, the project coordinator attended the Spring 2004 Oregon Pediatric Society meeting to staff a table on medical home resources and preview our medical home video. The project coordinator also accepted the Community Service Award for the Oregon Medical Home Project. Other honors received by the project include the Oregon Medical Home Project website being named "one of the best in Oregon" by the Oregonian newspaper.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to support Community Connections Network CCN) physicians as resources to other practices				X

2. Partner with medical professional groups to provide educational programs that focus on chronic conditions			X	
3. Maintain medical home web-page linked to OSCSHN site				X
4. Parents partner with providers on continuous improvement activities				X
5. Support Public Health nurses (CaCoon) in the community to ensure service to families of CSHN to receive care coordination	X			X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The primary focus of this year has been transitioning medical home activities and supports into the OSCSHN program and budget. There are limited carry-over funds that partially supported this planning through October 2004. The project director and coordinator met with each of the 6 practice teams to discuss their recommendations and priorities. OSCSHN plans to integrate the medical home teams and some activities into the Community Connections Network (CCN). Four of the 6 physicians of the medical home teams are also pediatricians in the CCN. OSCSHN continued to upgrade the web site, e.g., by the addition of local resources from all CCN sites; established a formal referral network linking community health care providers with developmental pediatricians at CDRC; integrated the medical home annual training into the CCN and CaCoon annual trainings and initiated a yearlong learning collaborative on youth transition in January 2005. All OSCSHN office staff participated in a staff development in-service to expand their knowledge of medical home improvement activities and supports in Oregon and nationally. Finally, OSCSHN began to meet directly with health plans with a focus on care coordination and care management activities and involving health plans and providers in on-going collaborative efforts to improve the systems of care in local communities.

c. Plan for the Coming Year

OSCSHN plans to use the following approaches to support medical home improvement in Oregon and to integrate these supports into on-going activities of the office in the next year: add parents to the CCN teams and to practice-based teams in the ORPRN practices (SOCS grant); incorporate medical home concepts into the FIN curriculum on parents working with practices and professional teams; expand the local resources on the OSCSHN web-based resource guide and identify local cultural resources (SOCS grant); continue to support CCN physicians as resources to other practices; partner with OPS, the Oregon Academy of Family Physicians and ORPRN to provide educational programs such as learning collaboratives that focus on chronic condition management for specific conditions, e.g., obesity and depression; emphasize the importance of linkages to the community and involvement in community planning to physicians, e.g., participation on community teams in learning collaboratives of the FISH's and SOCS grants; and finally, market our community-based services directly to practices, e.g., the CaCoon program.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures *[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]*					
Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective				56	57
Annual Indicator			55.7	55.7	55.7
Numerator				64259	64259
Denominator				115367	115367
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	58	59	60	61	

Notes - 2002

The 2002 indicator is based on the State estimates from SLAITS.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

The implementation of the new OSCSHN Family Support Program (FSP) began July 1, 2003 and concluded the first year on June 30, 2004 serving 150 children.

The OSCSHN program designated funds to assist families in paying for products and services needed for their CYSHN. Funds up to $500.00 per child, per year were available to families to purchase durable and non-durable medical equipment, family education, assistive technology, supplies, short-term therapeutic activities and other support services. OSCSHN staff reviewed funding requests submitted by representatives of the OSCSHN programs (CaCoon, CCN, FIN, grants, CDRC clinics) and facilitated the ordering of approved products. A total of 220 requests for funding were processed during FY 2004.

The consolidation of all financial assistance programs under OSCSHN this year provided the opportunity to coordinate funding sources to meet the cost of services and products that exceeded the FSP benefit dollars. Zetosch provided funding for equipment and services related to a child's educational needs. Funds up to $1500.00 per child, per year are available to school age children up to the age of 21. The CDRC Gift Fund benefit was $400.00 per child, per year. In addition, Dr. Rich Antonelli from Massachusetts presented information on care coordination in primary care practices and possible ways that reimbursement can be obtained for these activities at the annual conference of the Oregon Medical Home project. The project's Advisory Group formed a sub-committee on reimbursement and sponsored a survey of pediatricians and health plans on the use and reimbursement for "underutilized" CPT codes.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to partner with ABC for health for technical assistance on health care advocacy activities				X
2. Strengthen partnerships with providers, insurers, legislators and families to address the concerns of HCF				X
3. Support the continuation of state-wide collation of partners (agencies, families, providers) to address HCF concerns				X
4. Coordinate efforts of Family Support Program to address families out-of-pocket expenses		X		
5. Provide financial support to clinicians participating in tertiary clinics at CDRC	X	X		
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Family Support Task force reconvened to conduct an evaluation of the program's effectiveness in meeting the needs of CYSHN and their families. The group functions as an advisory group and expanded the membership this year to include the Family Support Coordinator representing the Seniors and People with Disabilities Division of DHS and a local public health nurse. Other members include parents of CYSHN, OSCSHN administrative, management, and social work staff, and a CDRC Clinical Program Director. A recommendation to increase the level of support from $500.00 to $750.00 was implemented. The advisory group also established a process to review exceptions to policy for extraordinary circumstances and created a pilot project to fund direct clinical services at CDRC and Doernbecher Children's Hospital (DCH) for CYSHN who lack health insurance. The FSP manager and the OSCSHN Director met with the Administrator of DCH who agreed to provide additional gift funds to support families of CYSHN who lack insurance initially up to 25 families per year. Increased efforts in marketing and program promotion have resulted in a steady increase in requests throughout the year. The FSP processed 365 requests for funding, serving 271 children from July 1, 2004 through May 31, 2005.

The OSCSHN Director established a work group to evaluate the existing formula used to determine the level of support OSCSHN provides to the CDRC tertiary clinics and to make a recommendation for changes in the formula. A proposal was made to the CDRC Director but the decision was made to continue with the current formula and review this issue again next year.

A joint technical assistance grant from MCH to Family Voices and OSCSHN allowed OSCSHN to focus on health care finance issues from a managed advocacy perspective. Bobby Peterson, from ABC for Health met with the staff to share his experience in developing Health Watch groups in local communities and presented to a group of stakeholders gathered to increase awareness of the problem and focus on partnering for solutions. Activities include the development of an asset map of financial resources and commitment on the part of State level stakeholders to address this issue in partnership. Areas of need were identified, including legal

representation and benefits counseling training, understanding insurance language and discovering ways to maximize insurance benefits.

The OSCSHN Director has worked to strengthen collaboration with OMAP, OHP Managed Care Organizations and commercial health plans through meetings and key informant interviews in a continued effort to educate these insurers on the issues families confront when accessing care for their children. Ongoing partnership with the Oregon Pediatric Society and its officers reinforces collaborative efforts with health plans and providers.

c. Plan for the Coming Year

The Family Support Program advisory committee will continue ongoing review of family needs and program effectiveness. OSCSHN will continue the pilot project to fund direct services for CYSHN who lack insurance and our partnership with DCH gift funds to extend the amount of support available to these families. Members will continue individual and combined efforts to identify other resources and funding for families. Coordination of FSP and Zetosch will continue to maximize funding opportunities for CYSHN. In addition, OSCSHN will convene a stakeholders group on gift funds to clarify the resources available to families and the eligibility requirements of different programs.

OSCSHN will continue to build a state coalition on "adequate financing of needed services" with the next meeting scheduled for July, 2005, and will include training on benefits advocacy in our annual conference. OSCSHN will actively recruit legal representation for the office and the state coalition to guide our efforts on benefits counseling and managed advocacy. We will complete and keep updated the asset map of Health Care Finance activities in the State. OSCSHN plans to request TA monies to continue our consultative role with Bobby Peterson of ABC for Health in the development of our State plan and provide a "train-the-trainer" session for parents and key staff (SOCS grant). The OSCSHN Director and FIN manager will continue to meet with health plans on reimbursement issues as well as quality assurance and client and provider education. OSCSHN also plans to collaborate with the OMAP Medical Director to review the access of families of CYSHN who receive services through the Oregon Health Plan (Medicaid) to primary care and specialty services. In addition, OSCSHN will strengthen partnerships with providers, insurers and families to address the concerns of out-of- pocket expenses. Finally, the OSCSHN office will continue to provide financial support to clinicians who participate in the tertiary clinics at CDRC. OSCSHN will review how these funds are distributed and tie them to specific outcomes.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance				74	75

Objective					
Annual Indicator			73.9	73.9	73.9
Numerator				85256	85256
Denominator				115367	115367
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	78	80	85	90	

Notes - 2002

The 2002 indicator is based on the State estimates from SLAITS.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

OSCSHN continued the CaCoon contracts in 34 counties (services in all 36 counties) and CCN contracts in 14sites. Four county health departments continued to receive additional funds for the services of Promotoras, and six counties received additional funds to improve support for youth transition in those counties. For example, these funds supported participation of the CaCoon nurses in CCN clinics to address the health and related issues of youth transitioning from pediatric to adult care. The Oregon Medical Home Project was extended through November 2004. The state supports for medical home improvement will be integrated into CCN activities and the families will become part of FIN.

The FISHs grant continued with both state and community efforts. A state level working group met over the last year to make recommendations for the development of a Universal Application System (UAS). The UAS will allow families to review information about services, find out if they are potentially eligible and file applications online. Community engagement forums and needs assessments were held in two additional communities (Hood River and Union County). In both forums, over 30% of attendees were families of children and youth with special needs. Both communities identified common visions for increased access to care, coordination of services and increased family involvement. Provider/family work groups chose individual projects that were financially supported by the FISHs project. In Hood River, the parent group of 50% Hispanic families and 50% Caucasian families identified the need for a service that would provide information about resources and provide parent-to-parent support. A family capacity-building grant from the Developmental Disabilities program augmented funds to support family preparation and education for the project. In Union County, families identified the need for a "wrap-around" service coordination system for children with mental health disorders. CaCoon nurses and Community Connections Network team members were active members of both community efforts.

In June 2003 a Task Force was created to develop a comprehensive community-based system of OSCSHN Services (CaCoon, CCN, Medical Home Project, Family Involvement and FISHs project). The goal was to develop a single, integrated OSCSHN system that links with tertiary

care centers and community providers across the state; that effectively uses OSCSHN staff, CDRC clinicians and faculty; that builds the capacity of community providers and families; that offers an opportunity for training; and, includes families in all aspects of the program including policy planning, evaluation and program development. This group met over the year and submitted a final report to the CDRC Director in May 2004. In addition, a number of OSCSHN staff participated in the planning and initial development of an integrated data system for public health services in Oregon, Family Net.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue work of the Universal application system (UAS) development and pilot				X
2. Continue integrating community-based services activities at OSCSHN office				X
3. Foster partnership with tertiary clinics and hospital to address continuity of care at hospital discharge/clinic to community	X			
4. Continue to partner with families and key agencies on the development and maintenance of web-based resource guide				X
5. Support FIN staff and families in development of resources in local communities that reflect health priorities and cultural needs		X		
6. Support CaCoon Nurse and promatora in community to ensure access to care		X		
7.				
8.				
9.				
10.				

b. Current Activities

Progress on integrating OSCSHN services at the community level was slow due to the commitment of staff to other activities, particularly the development of detailed data entry screens for the integrated data system FamilyNet.

Two new CCN sites were funded - the pediatric practice-based CCN model in Oregon City became the Clackamas County CCN and Tillamook County CCN serving, rural communities on Oregon's north coast.

Activities of the Medical Home Project ended in November 2004. The Medical Home Project providers are now supported by OSCSHN through continued conferences, the developmental pediatric consult line, and maintenance of the website that provides a resource guide and ongoing information on medical home issues. A video that described the elements of the medical home in Oregon was developed and disseminated to the CCN physicians, Oregon Pediatric Society and OHSU faculty and clinic staff, CaCoon nurses and Medical Home advisory group members. The recent MCHB funded SOCS (Strengthening Oregon Community Services) Grant will continue our work to increase family/provider partnerships.

Staff was hired to provide liaison between tertiary hospitals and the community. Activities included identifying existing barriers between the community and the hospitals that hinder comprehensive discharge planning, working with Care Management staff from hospitals and

outpatient clinics to develop a system to identify children with special health needs who may benefit from OSCSHN care coordination services in the community after discharge. A shared data file of children followed in the community by CaCoon nurses was established for clinicians at the CDRC clinics reference. Materials on discharge planning from the NICU to the community was completed and shared with hospitals and Public Health nurses throughout Oregon.

A decision was made to develop the UAS in Oregon based on the model in Utah, Utah Clicks. MCHB supported technical assistance from the Early Intervention Research Institute at Utah State University was held March 2005. Five programs have agreed to participate in the UAS. The five applications to be included in phase one are OSCSHN office, Babies First, Women, Infants, Children (WIC) Program, Early Intervention/Early Childhood Special Education and Medicaid.

Community based efforts of the FISHs project continued the community engagement groups, meeting in 4 sites and establishing the final and fifth community, Medford. The youth transition learning collaborative had an initial learning session for 6 community teams in January 2005.The teams will continue to meet regularly through December 2005. Each team includes a variety of community providers, families and youth representatives. In all communities, knowledge of and improved access to services have been an identified need as well as increasing youth and family representation.

c. Plan for the Coming Year

OSCSHN Staff will continue to work toward integrating community-based services and the identification of a single point of contact for all OSCSHN services at the community level. Select staff in the state office will begin to provide training and support to both CaCoon and CCN members on trips to local communities. Mental Health consultants will be added to all CCN teams.

Efforts will continue to build on care coordination activities in the community after discharge, improving the coordination of post discharge follow-up care between the hospitals and the community will continue to be a focus. Fostering partnerships with tertiary clinics will be enhanced through training opportunities, development of resource guides and the Oregon Clicks/UAS web-based application system.

Small grants will be provided to the Youth Transition Learning Collaborative teams to support their planning. In addition, a model program will be developed so that CaCoon nurses will link health information from the primary care office to school nurses and the person-centered IEP. Each of the five community-engagement planning groups will develop sustainability plan. The UAS will be piloted in three counties and go "live" statewide by May 2006. The OSCSHN office will complete the capacity assessment as well as needs assessment of pediatric sub-specialists. Parents who are added to CCN teams and ORPRN practices will identify local resources including mental health, dental and cultural resources. These parent professionals will begin to work with CCN teams and practices in five (5) sites. Finally, we will convene a stakeholders group on resource guides and resource centers to improve access to resource information for families and providers and to reduce duplication.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				6	6
Annual Indicator			5.8	5.8	5.8
Numerator				6691	6691
Denominator				115367	115367
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	10	17	20	23	

Notes - 2002

Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2002 indicator is the national average except for Maine which has its State value noted.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

Several OSCSHN activities took place around adolescent transition including emphasis in each of the self-directed learning modules designed for Public Health Nurses. Age-specific guidelines for care coordination are presented and a list of resources is provided. COIT (CDRC/Oregon Department of Education Interagency Team) activities have been focused exclusively on youth transition. The COIT team met monthly during the year 2004. Tools were reviewed and the University of Washington's Transition Timeline was adapted to include Oregon resources along with pertinent national resources and websites. Two sessions on Adolescent Transition were a part of the program for the CCN Annual Training Conference in April of 2004. One was a family panel, and the other was a didactic presentation titled "Adolescent Transition: Challenges and Opportunities" presented by Dan Close PhD from the faculty of the University of Oregon.

A Youth Transition Checklist was created for use by our 15 Community Connection Network teams when the youth being seen was of or approaching transition age. CaCoon contracts in 6 counties had additional funding for CaCoon nurses to address transition issues, for example, participating on CCN teams when youth are evaluated. Additionally, the phone survey developed to follow up with families three months after having been seen through CCN clinics was adjusted to include questions regarding whether transition issues were addressed.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Partner with school and providers in addressing adolescent transition (AT) health care concerns				X
2. Continue AT learning collaborative activities and disseminate findings to families, community groups and providers				X
3. Work with communities to identify YSHN and families to participate in planning activities				X
4. Establish a Youth Advisory council				X
5. Provide education opportunities for community and providers that focus on adolescent transition				X
6. Work with communities/families to identify adult primary care providers for successful transition of YSHN				X
7. Support Cacoon nurses and CCN community teams in addressing transition needs throughout the life cycle2.	X			
8.				
9.				
10.				

b. Current Activities

The OSCSHN office with Family Voices, Oregon Parent Training Institute, Medical Home, CCN, CaCoon as well as the FISHs Project are continuing to identify families across the state, including those who have adolescents, to be a part of the OSCSHN family network. The families advise and work with OSCSHN programs to identify training needs, integrate services, and assist at the family, program, and policy levels. OSCSHN staff continue to work through COIT with statewide players to address adolescent transition. The COIT team (now meeting on a quarterly basis) continues to serve as an effective means to disseminate information regarding services for transitioning youth to representatives of various agencies. The COIT team continues to serve as a consultative body for the FISHs Youth Transition Learning Collaborative.

Planning for a Youth Transition Learning Collaborative began and the initial learning session with 6 community teams was held in January, 2005. The first 2 learning sessions (January and April, 2005) were conducted by interactive videoconferences. The January videoconference included a keynote presentation by Betty Presler, RN, PhD as well as a panel presentation by youth and parents. All six county teams have identified projects for improvement within their own county and have used the interactive videoconferences as well as the internet listserve to share ideas and support each other. In January, a 1 day training on youth transition targeted specifically for public health nurses (CaCoon nurses) was held.

The annual CCN conference expanded to include all OSCSHN community-based staff, was focused on mental health issues in children and youth with special needs and a session titled "Adolescent Mental Health" was offered twice and was well attended. Several CCN sites have begun to see young adults around transition issues. The CaCoon nurses have participated on some of these teams. Though there have not been internists at the team meetings as yet, many other providers needed for effective transition planning have been present. Approximately three percent of the total number of children served in CCN and CaCoon were over 14 years of age.

c. Plan for the Coming Year

OSCSHN will continue to work to expand the numbers of youth served through CaCoon nurses and Community Connections Network multi-disciplinary teams. The Youth Transition Learning Collaborative will continue through January, 2006 with at least one more learning session and a final review of the work of all teams, both conducted by interactive videoconference. Small grants will be given to the 6 teams to support monthly meetings and other activities (SOCS grant). OSCSHN will encourage teams to ensure that improvements are sustainable beyond the 1 year learning collaborative. Results will be shared in the OHSU grand rounds, resident training programs, CCN physicians and ORPRN (Oregon Rural Practice Research Network) physicians.
OSCSHN will continue to work with communities to help identify adult primary care providers and to provide necessary supports for successful transition of YSHN. For example, we plan to develop a mentorship program, linking community adult primary care providers with pediatric and adult sub-specialists. Dr. Nickel has presented on Youth Transition to adult primary care physicians and pediatricians in Coos Bay and will continue to make these community presentations (next in The Dalles, fall 2005). In addition, OSCSHN will continue to work with community groups to identify YSHN and families to participate in planning activities, and the OSCSHN office will establish a Youth Advisory Council that meets regularly and participates in our annual training. Finally, OSCSHN will partner with VR, Parks and Recreation and other agencies in a planning group on "out of school time."

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	75	77	77	78	79
Annual Indicator	74.7	68.5	70	76.5	
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	79	80	80	80.5	80.5

Notes - 2002

Need note. See error message below.

Errors on Form Submission
1. You have entered a manual indicator for 2002 without adding a corresponding note. Please

explain in a note the use of the manual indicator rather than a numerator and denominator.

Notes - 2003

1) Data reported by fiscal year.
2) Data for 2002 was corrected.
State Performance Measure 7 is reported based on statistics from the NIH survey. Results have a very large margin of error based on their small sample size, therefore, they may vary substantially.
3) The high variability in the immunization rates is a result of confidence interval range from 5.9 to 6.2 for years 1999-2003.

Notes - 2004

NIS data for 2004 will not be available until Fall 2005.

a. Last Year's Accomplishments

- 100% of WIC Agencies are now screening 3-24 month olds for immunization status and referring for immunizations as needed.
- Several thousand health care and school professionals in Oregon use ALERT (statewide immunization registry) as part of their jobs to ensure that children are properly immunized. In 2004, authorized users quickly accessed shot records for over 264,000 Oregon children. This has a direct impact on Oregon's ability to improve immunization practices, avoid costly duplicate doses, and help prevent re-emergence of disease in young children.
- ALERT Immunization Registry sends monthly recall reports to over 350 Oregon clinics for two-year-old children under their care who are overdue for shots. Oregon's Immunization Program uses ALERT data to create comprehensive reports about immunization practices for private and public clinics, and immunization quality improvement measures.
- AFIX (Assessment, Feedback, Incentives, and eXchange) activities included completion of: 180 public and private sector immunization assessments and dozens of conversations about how to improve immunization practice.
- The vaccine management team completed 3,550 shipments of vaccine to 487 providers, totaling 647,400 doses shipped.
- Multiple clinical education trainings focusing on vaccine safety, immunization techniques, and antigen-specific information were provided to public and private providers and students, including nursing and medical assistants schools.
- The Rural Oregon Immunization Project, a collaboration between the Immunization Program and the OHSU Rural Practice-Based Research Network, surveyed approximately 1,100 licensed clinicians practicing in rural communities in Oregon. The survey assessed practice settings, VFC participation, childhood immunization practices and barriers. This information will be used to identify barriers unique to rural practitioners and then used to design, implement, and evaluate the effectiveness of selected interventions.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. School immunization laws in place to assure all children entering school are fully immunized			X	X
2. Vaccines for Children program provides vaccines for eligible populations		X		
3. Outreach about immunization disseminated through training, consultation, and health education				X
4. ALERT Immunization registry tracks and recalls immunization status of individuals				X

5. AFIX assessment for public and private providers identifies gaps and needs for populations		X		X
6. WIC screens and refers any participants aged 3-24 months for immunizations		X		X
7. WIC and Immunization programs collaborate and coordinate services at the state and local levels				X
8. FamilyNet client data system links immunization and WIC client data				X
9.				
10.				

b. Current Activities

- In collaboration with the CDC, the Immunization Program is conducting a pilot GIS mapping project to identify pockets of under-immunized children using registry data at a community level.
- Produce and disseminate adjusted statewide, county and specific populations childhood immunization coverage rates derived from ALERT registry data to identify populations of need.
- As a lead partner and funder of the Oregon Partnership to Immunize Children (OPIC), the Immunization Program continues to partner with the Immunization Action Coalition of Washington and the Washington Department of Health in projects to educate the public. In 2005, Oregon will launch a new 4th DTaP promotion campaign, which will run simultaneously with the Washington State campaign.
- The OPIC and Immunization Program will co-host a Fall Roundtable meeting focused on eliminating racial and ethnic disparities in immunization rates. This meeting will launch a new provider tool addressing health disparities and particularly strategies to improve immunization practices and rates. The tool will be distributed statewide.
- Public health nurses through the Babies First home visitation program screen for, educate about, and administer immunizations. They also advocate for adequate community immunization coverage in various multi-agency community meetings.
- AFIX assessments will continue for certain at-risk populations and will continue to expand to other sites pending resources.
- The Immunization Program held a two-day conference for all LHD immunization coordinators. The annual Oregon Partnership to Immunize Children (OPIC) Awards Luncheon was held as part of the conference. Awards were given in seven categories: Volunteer-Individual, Volunteer-Organization, Innovative Partnership, Model Program, Public Health Organization, Immunization Provider and Media and Promotion.
- The Immunization Policy Advisory Team (IPAT) will continue to meet quarterly, providing recommendations to the Immunization Program on immunization policy issues.

c. Plan for the Coming Year

- Provider education will continue to promote the free Vaccines for Children (VFC) program to eligible populations, the need for reasonable administration fees, and billing clients as appropriate.
- Public/private partnerships between Local Health Departments (LHD) and private providers, particularly for ALERT and VFC, will be supported through technical assistance and consultation.

Implement the new centralized vaccine ordering and shipping model promoted by CDC.

- Continue the rollout of the Assessment/ Feedback/ Incentive/ eXchange (AFIX) model to improve immunization coverage rates across the state
- Continue to market the ALERT website to schools, daycares and private providers.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	26	26	25.5	17.5	17
Annual Indicator	23.1	20.4	17.7	16.5	
Numerator	1656	1477	1307	1225	
Denominator	71688	72467	73643	74433	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	16	15.5	15	14.5	14

Notes - 2002

The software that calculates the rate given the numerator and denominator reports a slightly different number (17.7) than the actual birth rate (17.8). This cannot be changed on the screen.

Notes - 2003

Vital Stats data is not yet available for 2003. It will become available in 2005.

Notes - 2004

a) No data available until late fall or early winter 2005.
b) The target for 2004 is better than the annual indicator for 2003, however, it is not possible to adjust the 2004 target. The 2005 -2009 targets were adjusted.

a. Last Year's Accomplishments

- The Office of Family Health (OFH) in partnership with Children, Adults and Families Services (CAF) worked with a variety of state and local agencies who collectively work on teen pregnancy prevention through seven statewide strategies, 1) Positive community values, 2) Comprehensive sexuality education and youth development, 3) Abstinence education, 4) Contraceptive access, 5) Male involvement and leadership, 6) Balancing health, safety and legal issues, and 7) Young Parent Services.
- The Teen Pregnancy Prevention (TPP) Coordinator in the Adolescent Health Section continued intensive site visits around the state working with community TPP coalitions and local health departments in implementing state strategies, developing resources/media for coalition use and in promotion of teen pregnancy awareness month (May).
- Contraceptive Access demonstration project was completed in Jackson County that assessed, collected survey data and conducted community educational activities after documenting youth, parent and citizen knowledge and ‘norms' regarding sexuality education, access to family planning and support to expand educational and clinical services to school or other community settings.
- Benton and Marion counties also completed Contraceptive Access Demonstration Projects. Both counties conducted surveillance, assessed the data, and completed community education. Benton County was able to keep their MARS (Male Advocates for Responsible Sexuality) Project funded and functioning. Based upon assessment results and the pioneering

work done since 2000, MARS was awarded federal funding from the Office of Population Affairs. The 5 year funding cycle will allow them to expand their project and take it statewide. Their goal is to create a model that can be replicated across the nation. They are currently expanding the project in Jackson and Deschutes Counties.
- Oregon's abstinence education program, STARS (Students Today Aren't Ready for Sex), remains as the primary abstinence education program in the state during the 2003-2004 school year. STARS is based on the PSI (Postponing Sexual Involvement) curriculum and utilizes a peer leader model.
- The TPP program published and distributed a new edition of the Rational Enquirer, a newsletter targeting teen pregnancy prevention activities to over 15,000 partners. Distribution includes adolescent pregnancy prevention agencies, lead staff, teen leaders and health educators (statewide).

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Collaboration with other agencies to implement teen pregnancy prevention strategies				X
2. Convene and maintain local coalitions working toward teen pregnancy prevention goals				X
3. Implement and coordinate actions established by Oregon Teen Pregnancy Prevention Action Agenda			X	
4. Teen pregnancy prevention media campaign raises awareness of adolescents and parents				X
5. Collaborations with schools and other programs, such as Coordinated School Health				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

- The Teen Pregnancy Prevention Leads Group, state agency partners with primary responsibility for leading a particular state strategy, began discussions with Rights, Respect, Responsibility (RRR), a state coalition led by Planned Parenthood Health Services of Southwestern Oregon, on how to better collaborate and integrate recommendations contained in their report, We Can Do Better: Oregon Team Report on Western Europe's Successful Approaches to Adolescent Sexuality with the Oregon's Teen Pregnancy Action Agenda (2002). The group has expanded to include the Oregon Teen Pregnancy Task Force (OTPTF), a non-profit group that has been in existence for 28 years. This DHS, RRR, and OTPTF group meets monthly to assess and evaluate the TPP work that is conducted statewide. In 2004/2005 the group adopted the name Teen Pregnancy Prevention and Sexual Health Partnership and prepared an Ad Hoc Report for the Oregon Governor. The Governor has endorsed the partnership and the work set forth in the report. The TPP/SHP Group will focus on creating a new statewide strategic plan, provide leadership for its implementation and develop ongoing policy recommendations.
- Prevention Partners, a new work group formed with membership from DHS-Health Services, DHS-Children, Adults and Families, DHS-Mental Health, Alcohol and Substance Abuse and the

Oregon Commission for Children and Families, is collaborating to work best with local Prevention Coalitions. Many TPP Coalitions have combined their efforts with broader Prevention Groups in order to reduce adolescent risky behaviors. The work group is looking at the ways that broader prevention groups can impact Positive Youth Development activities in local communities and how state level staff can effectively work together towards this end.
- The OFH Teen Pregnancy Prevention (TPP) Coordinator works primarily with community TPP coalitions, developing resources/media for coalition use and in promotion of teen pregnancy awareness month and monitoring statewide activities. In 2005 the TPP Coordinator will be dedicating much of her time to the development of the new statewide TPP/Adolescent Sexual Health Statewide Plan.
- A statewide TPP surveillance instrument was created and disseminated to all of the county TPP Coalitions to determine which coalitions were addressing the seven strategies in the TPP Action Agenda and which groups were seeking technical assistance from the statewide TPP partners.
- Oregon's abstinence education program, STARS (Students Today Aren't Ready for Sex), continues as the primary abstinence education program in the state STARS is based on the PSI (Postponing Sexual Involvement) curriculum and utilizes a peer leader model.
- In 2005 Jackson County is rolling out the Male Adolescents for Responsible Sexuality (MARS) Project. MARS trains college students to work with local county health departments. Male college students educate local students about being responsible young men.

c. Plan for the Coming Year

- The OFH will take lead responsibilities for two strategies in the Teen Pregnancy Action Agenda: Contraceptive Access and Positive Community Values, and will participate in the Male Involvement and Leadership strategy and the Young Parent Services Strategy Groups .
- OFH will develop and maintain a collaborative working relationship with the Teen Pregnancy Prevention and Sexual Health Partnership (TPP/SHP) a state coalition led by Planned Parenthood Health Services of Southwestern Oregon and Children, Adults and Families.
- Youth will be engaged in the development of the new Teen Pregnancy Prevention Statewide Plan, Using Positive Youth Development principles. youth will be integrated in the planning process and will assist with the Statewide Forums. The goal is to design and implement more effective programs and services for young people.
- OFH will continue developing a working database to capture indicator information related to the number of Oregon counties with TPP coalitions that are addressing the seven defined strategies in the Action Agenda.
- TPP program will continue to advocate for and attempt to identify resources to staff and develop a Adolescent Male Health Program within the Adolescent Health Section to support the Male Involvement Strategy in the Action Agenda.
- TPP program will continue participation in the Coordinated School Health Initiative and implementation of the state plan, and work on the policy recommendation developed in the Sexual Risk Prevention work group, incorporated in the state plan.
- TPP program coordinator will continue to serve as a board member for the Oregon Teen Pregnancy Task Force, a volunteer organization that has supported the efforts toward teen pregnancy and young parents for 28 years. It is one of the coalitions with the most longevity in the U.S.
- TPP program will work in partnership with other statewide partners to reconvene the Adolescent Sexuality Conference to be held in April 2006 at Seaside, Oregon.
- TOFH will maintain a teen pregnancy prevention media campaign targeting adolescents and parents by supporting local campaigns with media resources, particularly during May (Teen Pregnancy Prevention Month).
- With the DHS-CAF (Children, Adult and Family Services), OFH will continue to support development of the STARS Program, encourage appropriate process and outcome evaluations to evaluate effectiveness and review for consistency with other strategies.
- Adolescent Health Program will collaborate and provide on-site technical assistance with local

health departments, community-based organizations, Planned Parenthood, Community TPP Coalitions, the Oregon Teen Pregnancy Task Force, and other agencies to integrate teen pregnancy prevention services across the state.
- OFH will provide technical assistance and support to complete the Contraceptive Access demonstration program activities, collect local data and report on outcomes.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	30	50	55	55	55
Annual Indicator	50.0	NaN	50.0	50.0	50.0
Numerator	650	0	650	650	650
Denominator	1301	0	1301	1301	1301
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	55	55	55	55	55

Notes - 2002

Data source is the Oregon Smile Survey, last performed in 2000. Numerator and denominator is carried forward for each year. The next Smile Survey is tentatively scheduled for 2006, however, beyond that time the survey's continuation is unknown.

Notes - 2003

Data source is the Oregon Smile Survey, last performed in 2000. Numerator and denominator is carried forward for each year. The next Smile Survey is tentatively scheduled for 2006, however, beyond that time the survey's continuation is unknown.

Notes - 2004

The next anticipated dateData source is the Oregon Smile Survey, last performed in 2000. Numerator and denominator is carried forward for each year. The next Smile Survey is tentatively scheduled for 2006, however, beyond that time the survey's continuation is unknown. for this information to be collected is in 2006.

a. Last Year's Accomplishments

- The Oregon Smile Survey, completed in 2002, shows a significant improvement over the 1991-1993 survey (from 27% to 50% of children with sealants), but identified many areas of need for treatment.
- The Oral Health Section continued to receive funding from the CDC (one of only two states) which began in the fall, 2002. The funds support efforts to develop a statewide education

campaign to increase awareness of dental sealants, to help communities sustain current activities, and to expand existing dental sealant programs.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Community-based and school-linked partnerships are supported through statewide technical assistance				X
2. Smile Survey provides assessment data to monitor status of sealants			X	
3. Dental sealant promotion campaign to raise awareness of the benefits of sealants			X	
4. Demonstration projects increase sealants using community-based strategies			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

- Four additional dental sealant demonstration sites will be continuing their projects. The four demonstration sites meet specific criteria: a currently operating dental sealant project, school-based or school-linked, demonstrated partnership or collaboration, serving CDC defined target populations, representative of the diversity of Oregon's communities, agreement to increase current capacity, agreement to incorporate community level sealant training into project, ability to collect data and evaluate consistent with the Oregon Oral Health Section's surveillance system, and agreement to participate in oral health coalition activities and efforts. A thorough review and report of each demonstration project will be developed and included in the state's Dental Sealant Manual. The coordinators for these sites will act as the first group of community based contacts in a resource directory of sealant projects throughout Oregon that is currently under development.
- A state dental sealant manual is being formatted and will be a resource guide for new and existing dental sealant projects throughout the state. Additional supporting materials and resources are also in development.

c. Plan for the Coming Year

- A dental sealant plan is being created to increase the number of school-linked and school-based dental sealant programs. The plan has five phases: Raise Awareness, Assess Infrastructure/Readiness, Address Needs/Gaps, Implement Sealant Program, Evaluation.

- The Dental Sealant Coordinator in collaboration with the state Dental Director and School Specialist, will create supporting materials such as presentations for the identified partner groups. The partners identified as critical to implementing the five-phase dental sealant plan

are schools, county health departments/FQHCs, dental community, OMAP & DCOs, community-based organizations, and dental schools.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	4	3.9	3.8	3.7	3.6
Annual Indicator	3.8	4.8	2.7	4.4	
Numerator	27	34	19	32	
Denominator	710367	713361	716526	722905	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	3.4	3.2	3	2.8	2.7

Notes - 2002

Updated in 2006 report, changed source data.

Notes - 2003

Vital Stats will not have 2003 information until 2005.

Notes - 2004

No data available until spring 2006.

a. Last Year's Accomplishments

- National Safe Kids has initiated a demonstration site in Oregon to establish State governance of Oregon SAFE KIDS. This project will integrate and strengthen the oversight for Oregon SAFE KIDS transferring it from Washington DC to the Department of Human Services Oregon SAFE KIDS program.
- The Child Injury Prevention Program (CIPP) collaborated with the Oregon Department of Transportation (ODOT) and with Oregon Safe Kids to provide information and technical assistance to individuals, communities and the media regarding Oregon's booster seat law.
- Two prevention seminars on child safety were presented to the State Child Fatality review team
- The CIPP provided technical assistance to a project developing Safe Sleep guidelines for the State.
- The CIPP assisted with training local Child Fatality Review teams in data recording and case review of infant deaths.
- The CIPP received grant funds by Oregon Dept. of Transportation (ODOT) for local health departments to train nurses as certified safety seat technicians.

- The CIPP participated with the Portland-Metro area prevention coalition to submit a proposal to establish a SAFE KIDS coalition in the Portland Metro area. The National SAFE KIDS program approved this proposal.
- The CIPP worked with the Portland-Metro Area office of American Medical Response to complete a proposal to the State and Territorial Injury Prevention Directors to fund an Emergency Medical Services grant.
- The CIPP joined the Injury Epidemiologist and researchers from the Oregon Health Science University Poison Control Center to develop a research project on childhood poisoning.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Safety car seats promotion occurs through state and local media, local events			X	
2. Oregon Safe Kids provides support and technical assistance in the development of local coalitions				X
3. Home visiting programs provide anticipatory guidance and health education to parents about car seats		X		
4. Training for certified safety seat technicians occurs throughout the state				X
5. Safety seat inspections by local certified technicians assures correct use of seats			X	
6. Assessment of need for child safety seats provides information for programs				X
7.				
8.				
9.				
10.				

b. Current Activities

- The Child Injury Prevention Program (CIPP) is training additional certified safety seat technicians within the Department of Human Services to use in social service settings.
- The Child Injury Prevention Coordinator recruited former Governor Barbara Roberts as Honorary Chair of Oregon SAFE KIDS.
- The CIPP completed a successful statewide Safe Kids week event at the Oregon Zoo. Over 7,300 persons attended this event in Portland.
- A grant proposal to ODOT is being developed to continue ongoing training and education to local health department staff in child safety seat education.
- Local public health maternal and child health nurses practicing in home visiting programs (Maternity Case Management and Babies First) provide safety information to low income families regarding car seat safety and participate in community wide efforts such as health fairs to promote car seat safety.

c. Plan for the Coming Year

- The Injury Prevention and Epidemiology Program (IPE) will continue to seek funding options to invest in the collaborative effort to provide inspection clinics for safety seat use and for the continuation and expansion of the safety seat voucher program.

- Collaboration with the Oregon Department of Transportation (ODOT) will seek to establish a plan to assure maintenance and retention of trained safety seat technicians throughout Oregon.

- The IPE will work with local Child Fatality Review Teams and Safe Kids Chapters and Coalitions to disseminate Safe Sleep guidelines for families and assess current need for child safety seats in counties and to provide funding for these seats through the voucher program.
- The CIPP Coordinator will continue to collaborate with Child Safety Seat Resource Center to train additional local health departments as nationally certified child safety seat clinicians.
- The CIPP will work with Safe Kids chapters and coalitions to implement the National SAFE KIDS plan for State governance of Oregon SAFE KIDS.
- Office of Family Healty Child Health Nurse Consultants will work with the CIPP Coordinator to assure that local public health nurses in maternal and child health continue to have education opportunities and up-to-date information regarding child car seat safety.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	87	87	88	89.5	90
Annual Indicator	88.6	88.1	89.1	88	88
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	90.5	91	91.5	92	92.5

Notes - 2003

0) Due to unavailability of data from Mother's Survey, Ross Products Division, the data source for 2003 has been estimated as the % of those "ever breastfed" as reported to the CDC's NIS survey.
1) Data source changed in 2002 to Mothers Survey, Ross Products Division, Abbott Laboratories from Oregon Public Health Lab data.
2) Data from 1999 through 2001 has been corrected to reflect data from Ross.

Notes - 2004

Based on 2003 estimate from NIS data.

a. Last Year's Accomplishments

- The Office of Family Health (OFH) Breastfeeding Promotion Committee continued innovative activities such as updating the Breastfeeding-Friendly Employer project and making it web-accessible, providing breast-feeding information in the Newborn Handbook (distributed to mothers in hospitals), tracking breastfeeding experiences through the statewide SafeNet hotline, and participating in World Breastfeeding Week.
- OFH continued to promote Senate Bill 744, which affirms a women's right to breastfeed in public. Cards explaining the law were printed in English and Spanish, and distributed to hospitals, employers and the public.
- OFH continued to promote and implement the Executive Order signed by the Governor stating that all state agencies must assure that breastfeeding women returning to work have a clean, private location and flexible break time to express breast milk. OFH provided technical assistance in the implementation of the Order.
- WIC continued to promote and support a breastfeeding pump project and provided scholarships to health department staff for advanced training in breastfeeding support. Pumps are provided to WIC participants through funding provided by the USDA. WIC and the Breastfeeding Promotion Committee continued the Gold Ribbon Campaign, a social marketing effort that promotes breastfeeding to local health agencies and birth hospitals. A Father's Supporting Breastfeeding project was promoted through local health agencies. The Breastfeeding Training Module for WIC providers was revised. WIC was granted funding to conduct training and provide support for a breastfeeding peer counselor program.

- The CDC Physical Activity and Nutrition grant provided support to develop a statewide breastfeeding coalition and funding to conduct a formative research project on barriers to breastfeeding by Oregon TANF clients. The breastfeeding coalition was supported in their efforts to promote the national breastfeeding awareness campaign locally.

- Public health nurses practicing in statewide home visiting programs provide anticipatory guidance and health education parentally as well as assessment and support after birth in support of optimal nutrition through breastfeeding for clients enrolled in Maternity Case Management and Babies First.
Efforts to improve data quality from breastfeeding surveillance continued.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Assessment development activities include PRAMS questions and links with newborn screening data				X
2. Breastfeeding-Friendly Employer project assures mothers have opportunities to breastfeed at work			X	
3. Governor's Executive Order in 2001 requires all state agencies have location for breastfeeding				X
4. Education and technical assistance provided through the Newborn Handboook distribution				X
5. WIC, Perinatal, and home visiting programs provide information to all pregnant women about benefits		X	X	
6. WIC provides information and support for lactation, referrals to community organizations	X	X		
7. Statewide campaigns raise awareness and education about breastfeeding		X		
8.				

9.				
10.				

b. Current Activities

- OFH will continue to provide intensive breastfeeding training to public health professionals in all county health departments.
- OFH will continue promotion of Gold Ribbon campaign with partners, through leadership of WIC and OFH Breastfeeding Promotion Committee.
- WIC will continue the breastfeeding pump project with local health departments (LHD).
- WIC will initiate breastfeeding peer counselor program, a demonstration and research grant project from USDA. There are ____ counties participating in this project.
- OFH will continue implementation of the Breastfeeding Friendly Employer project and will promote and support participation in World Breastfeeding Week by local health agencies.
- OFH will continue to promote a Father's Supporting Breastfeeding project through local health agencies.
- OFH will proceed with implementation of recommendations from the formative research project with TANF clients for breastfeeding promotion and support.
- Improvement of breastfeeding surveillance will continue by including data from WIC and the TWIST data system.
- Public health nurses practicing in statewide home visiting programs provide anticipatory guidance and health education parentally as well as assessment and support after birth in support of optimal nutrition through breastfeeding for clients enrolled in Maternity Case Management and Babies First.

c. Plan for the Coming Year

- The Breastfeeding Promotion Committee will continue work on improving breastfeeding initiation and duration rates by implementing activities that raise awareness and provide breastfeeding education.
- The OFH will continue to promote breastfeeding-friendly work sites and child care sites to Oregon employers and child care providers. An annual list of breastfeeding-friendly employers will be published during World Breastfeeding Week. Child care providers may be provided training on the breastfeeding section of the Child Care Health and Safety Handbook.
- The OFH will continue to develop, distribute and promote new breastfeeding support pieces for the Breastfeeding Friendly Employer Project.
- The WIC breastfeeding pump project, peer counselor demonstration/research project, Gold Ribbon Campaign, and Fathers Supporting Breastfeeding will continue.
- Implementation of formative research project recommendations of TANF population will continue.
- Oregon will participate in the World Breastfeeding Week by providing promotional materials to local health departments and WIC providers. OFH will continue to partner with the Nursing Mother's Counsel and the state breastfeeding coalition.
- Maternity Case Management and Babies First will develop public health nurse practice guidelines for breastfeeding support at the population-based individual level of practice based on nursing standards.
- The OFH will provide continuing education for health professionals in breastfeeding management.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	92	93	93	98.5	98.8
Annual Indicator	81	91.5	NaN	95.0	93.4
Numerator		42020	0	43565	43310
Denominator		45947	0	45844	46357
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	99.1	99.4	99.7	100	100

Notes - 2002

The 2002 data previously reported included data from 2002 - 2003. This information was slightly different than other years data because it only included hospitals that were mandated for hearing screening rather than all births. The information has been removed.

Notes - 2003

The 2003 numerator is an estimate of all infants that received a hearing screening during 2003, not only those that were screened prior to hospital discharge.

Notes - 2004

The denominator is not the same as all births because deaths have been subtracted.

Information is reported for all hearing screenings, not just those performed prior to hospital discharge.

a. Last Year's Accomplishments

- The Office of Family Health (OFH), Early Hearing Detection and Intervention (EHDI) Program, in collaboration with partners from the Newborn Hearing Advisory Committee and others, continued to provide technical assistance and support to hospital newborn screening programs, diagnostic centers and early intervention facilities to promote early identification and intervention for children with hearing loss.
- The first newborn Newborn Hearing Screening Mandate (effective in July 2000) was expanded with the implementation of new legislation on January 1, 2004. The new law (Oregon Revised Statute 433.321 and 433.323) mandated the establishment of a Newborn Hearing Registry, Tracking and Recall system. This legislation provided the necessary authority for the EHDI Program to collect individual-level results and to follow-up with families not completing the stages of the EHDI process (screening, diagnosis and intervention).
- EHDI Program staff provides on-going technical assistance to hospital newborn hearing screening programs, diagnostic audiology centers, and early intervention programs regarding the reporting and follow-up protocols. In addition, the EHDI Program provides reports and feedbacks to these facilities that assists in ensuring that infants receive necessary follow-up services. Letters have been sent to both parents and health care providers for infants, who have not received necessary follow-up services. This has allowed increased contact and

coordination with infants' medical homes regarding their hearing status.
- Progress was continued on objectives related to EHDI program grants for the CDC (data system development) and HRSA (education and family support). The EHDI program in partnership with the DHS-Office of Information Services, the Oregon State Public Health Laboratories and the Center for Health Statistics continue to work closely to improve the EHDI data system and to match records to ensure that all Oregon births receive a newborn hearing screening and follow-up.
- EHDI staff made a number of presentations to health care providers, including local public health departments, and educational staff about the EHDI program. Oregon EHDI staff also presented at national conferences regarding the development of educational materials for parents and health care providers.
- The Oregon EHDI Program sponsored a successful Parent Networking Conference in September 2004. Professionals and families from around the state participated in the conference.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Legislation requires all hospitals with 200 or more births to conduct newborn hearing tests			X	X
2. Newborn data linking project includes diagnostic and early intervention data for children				X
3. Public education materials, such as the Newborn Handbook, provide information about hearing screenin				X
4. Advocate for policies and legislation to assure screening and referral access for all newborns				X
5. Technical assistance and consultation to screening and diagnostic centers and organizations				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

- The Office of Family Health/EHDI staff organizes and facilitates quarterly meetings of the EHDI Advisory Committee. Additionally there are three standing committees. They are: EHDI Goals &Sustainability Issues, Quality Assurance, and the Family Issues Committee. Each standing committee is co-chaired by an elected Advisory Committee member and an EHDI staff person.
- EHDI staff is providing presentations to groups, which include providers, local public health staff and other identified community partners regarding the EHDI program protocols and information about hearing loss issues and resources.
- The EHDI program coordinates the Early Childhood Hearing Outreach (EHCO) Team, which was developed out of the Hearing Head Start Project. The ECHO team provides on-going technical training and assistance to Early Head Start, Migrant Head Start and Indian Health programs using otoacoustic emissions hearing screenings for their birth to three-year old populations.

- The EHDI Program closely with the Oregon Department of Education (ODE) to ensure that infants diagnosed with hearing loss receive timely referrals and enrollment in Early Intervention. The EHDI Program and ODE have developed a Memorandum of Understanding to facilitate the referral and reporting procedures, which has been approved by the State Interagency Coordinating Council.
- The EHDI Program is participating in a statewide planning and development group, group (including parents and both public and private early intervention programs) to enhance the early identification and intervention of infants with hearing loss. Goals of this group include providing on-going support to families throughout the EHDI Process, as well as providing parents with non-biased information regarding intervention methods for infants with hearing loss.
- Reports are being sent monthly to hospitals listing infants needing screening, or re-screening. Data are being used to track infants needing follow-up and a record is kept of their current status on the screening-diagnosis-intervention continuum. The most recently available home address and physician contact information is collected for generating follow-up letters, by matching and linking files.
- System enhancements are being developed to improve the ability of staff to access EHDI data and increased system functionality for generating letters and to collect information from non-hospital newborn hearing screening facilities. Data quality improvement activities are being conducted to ensure the accuracy of individual results.

c. Plan for the Coming Year

- The Office of Family Health will continue to provide technical assistance and support to screening and non-screening birth facilities/providers, diagnostic centers and early intervention sites.
- EHDI follow-up staff will continue to contact families, medical home providers and local public health to assist families in navigating the system. The EHDI Sustainability Subcommittee will continue to meet and work on program sustainability beyond the time of current federal grants.
- Progress will continue on activities related in the CDC and HRSA early hearing detection and intervention grants, related to follow-up system development, provider and parent education and family support. The CDC-EHDI grant has been renewed until 2008 and application has been submitted to renew HRSA-UNHSI grant for 3 years.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	9.1	9.2	9.1	9.1	9
Annual Indicator	8.1	NaN	10.1	10.1	12.0
Numerator	69068	0	80956		101616
Denominator	856278	0	797866		848001
Is the Data					

Provisional or Final?				Provisional	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	9	9	9	8.9	8.9

Notes - 2003

Data is only available every other year, so the estimate for 2003 is based on the 2002 data.

a. Last Year's Accomplishments

- The Oregon Health Plan (OHP) application has been developed that serves as the channel for both OHP and CHIP, assigning children first to OHP and secondly to CHIP depending on income level and state funds available to support these insurance programs. Following are the results of some key efforts to improve access for children in 2004:
- OHP policy staff is working with the Federally Qualified Health Centers and Rural Health Clinics on quality improvement projects on oral health prevention and disease case management for Medicaid/State Children's Health Insurance Program clients.
- The Quality and Performance Improvement Workgroup issued Milestone Summary reports for tobacco cessation and Early Childhood Cavities Prevention. The Oregon Health Plan Benefit RN Hotline averaged 1,265 calls per month.
- Family Health Insurance Assistance Program (FHIAP) continued work with the Insurance Pool Governing Board's Small Business Plans program to help lower-income parents afford health care premiums for children.
- OHP Medical Directors reviewed the Adult and Child Medicaid Member Satisfaction Survey from 2003. OHP Delivery Systems staff manually enrolled approximately 50,000 OHP Standard clients into managed dental care during the last quarter of the year.
- Activities accomplished through the Covering Kids and Families Robert Wood Johnson Foundation grant continued and included providing a toll-free application assistance help-line, simplifying and coordinating the application, enrollment, and re-enrollment process, and increasing collaboration around expanded access with state and local groups.
- SafeNet, the MCH hotline, provided information and referral services to link low income Oregonians with health care services with their communities, including information on the Oregon Health Plan.
- Public health nurses at local health departments provided families with children 0-5 years of age assistance case management services that include assistance with accessing and utilizing Medicaid services. OFH staff provided information on accessing public health services and the OPH, during training sessions for child protective case workers.
- Department of Human Services (DHS) staff worked with the Office of Family Health and Office of Medical Assistance Programs (Oregon Health Plan) to enhance outreach efforts, coordination, and simplification of the Medicaid application process, including simplifying initial and re-application materials, simplifying the procedures for obtaining application forms, and simplifying application completion by identifying nontraditional community-based application sites throughout the state.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Outreach and application assistance through local health department programs		**X**	**X**	

2. Information and referral through toll-free number, SafeNet		X	X	
3. Coordination and collaboration in MCH programs and to simplify application				X
4. Policy advocacy to sustain eligibity levels for Oregon Health Plan for children 0-18				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

- Funding reductions to the Oregon Health Plan (OPH) are making it more difficult to provide access to medical care for families. Although the state is still providing coverage for the Standard population, the planned expansion of the Children's Health Insurance Program medical coverage to an estimated 2,250 children in low-income households earning from 185 percent to 200 percent of the federal poverty level was not implemented.
- In spite of these difficulties, there are still outreach efforts underway to increase access to health insurance for children. OHP outreach staff is working on Kid Care, an outreach pilot project designed to bring as many uninsured children into the OHP as possible. The Kid Care pilot is currently operating in Lincoln and Hood River counties with plans to expand statewide in 2005. Staff met with internal and external stakeholders to plan the evaluation stage of the pilot.
- The Office of Family Health continues to support the outreach efforts and systems to promote Oregon Health Plan application, and to provide access to WIC, immunization, Child Care Health Consultation services, and early prenatal access among low-income clients. SafeNet, the MCH hotline provides information and referral services to link Oregonians with health care services with their communities, including information on the Oregon Health Plan. The Healthy Child Care Oregon project is educating childcare providers about the Oregon Health Plan and CHIP program and providing them with information and applications to distribute to their client/families.
- Public health nurses at local health departments provide families with children 0-5 years of age assistance case management services that include assistance with accessing and utilizing Medicaid services. They are now supported by a newly formed regional team of state public health nurses who will provide technical assistance to the counties and ensure that they have the most current information about utilization of Medicaid services.
- Oregon is continuing with a three-year Covering Kids and Families grant (2003-2006) to target under-served populations related to the following goals: increase OHP enrollment in under-served, under-represented communities; identify barriers to enrollment and simplify the OHP application process to reduce barriers; and increase collaborations to achieve system integration.
- This Covering Kids and Families grant is utilizing outreach and retention through education, provider communities and the business community to expand coverage through insurance premium subsidies. The State Agency Council on Coordination is continuing to work toward specific goals of OHP enrollment simplification and interagency service coordination.

c. Plan for the Coming Year

- The Oregon Health Plan (OHP) was able to preserve all of the services and the entire population for the Oregon Health Plan Plus benefit package for the coming year. This benefits

about 300,000 Oregonians -- foster children, people on public assistance, low-income pregnant women and people who receive federal Supplemental Security Income benefits. This will continue while it is still uncertain whether or not benefits will continue for the OHP Standard population.
- The OFH will continue to support OHP outreach through collaboration with other DHS partners responsible for implementing the Covering Kids and Families Initiative through 2006.
- The Community-Based Application Assistance Project will continue to provide on-site assistance with completion of the Oregon Health Plan application for pregnant women and their families.
- SafeNet, the MCH hotline, will continue to provide toll-free information and referral regarding health services/issues to Oregonians throughout the state.
- DHS Office of Family Health staff will continue to work with the Office of Medical Assistance Programs and the Oregon Health Plan to enhance outreach efforts, coordination, and simplification of the Medicaid application process, including simplifying initial and re-application materials, simplifying the procedures for obtaining application forms, and simplifying application completion by identifying nontraditional community-based application sites throughout the state. The Healthy Child Care Oregon project will educate childcare providers about the Oregon Health Plan and provide them with information and applications to distribute to their client/families.
- Public health nurses at local health departments will provide families with children 0-5 assistance case management services that include assistance with accessing and utilizing Medicaid services. They will continue to be supported by a newly formed regional team of state public health nurses who will provide technical assistance to the counties and ensure that they have the most current information about utilization of Medicaid services.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	92	90	80	80	80
Annual Indicator	77.3	77.1	76.9	77.3	77.8
Numerator	224751	238962	249388	247452	248562
Denominator	290718	309790	324433	319964	319433
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	80	80.5	80.5	81	81

a. Last Year's Accomplishments

- SafeNet, the MCH hotline, provided information and referral services to link low income Oregonians with health care services with their communities, including information on the

Oregon Health Plan (OHP). The Oregon Health Plan Benefit RN Hotline averaged 1,265 calls per month.
- The Oregon Health Plan has contracts with 32 of the 34 local health departments. As outreach facilities, these local health departments distribute and date stamp the OHP applications as well as inquire about application status. OHP Delivery Systems staff manually enrolled approximately 50,000 OHP Standard clients into managed dental care during the last quarter of the year.
- Family Health Insurance Assistance Program (FHIAP) continued to work with the Insurance Pool Governing Board's Small Business Plans program to help lower-income parents afford health care premiums for children.
- The Office of Mental Health and Addiction Services distributed funding among seven projects selected for participation in the Oregon Children's Plan.
- Activities accomplished through the Covering Kids and Families Robert Wood Johnson Foundation grant continued and included providing a toll-free application assistance help-line, simplifying and coordinating the application, enrollment, and re-enrollment process, and increasing collaboration around expanded access with state and local groups.
- Public health nurses at local health departments provided families with children 0-5 years of age assistance case management services that include assistance with accessing and utilizing Medicaid services. Staff in the OFH provided information on accessing public health services and the Oregon Health Plan, during training sessions for child protective case workers.
- The Healthy Child Care Oregon project educated childcare providers about the Oregon Health Plan and provided them with information and applications to distribute to their client/families.
- Department of Human Services (DHS) staff worked with the Office of Medical Assistance Programs (Medicaid) and the Oregon Health Plan to enhance outreach efforts, coordination, and simplification of the Medicaid application process, including simplifying initial and re-application materials, simplifying the procedures for obtaining application forms, and simplifying application completion by identifying nontraditional community-based application sites throughout the state.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Information and referral from toll-free line, SafeNet		X		
2. Application assistance and date stamping to facilitate eligibility at local health departments		X		X
3. Community education about Oregon Health Plan and services			X	
4. Case management services include OHP application assistance and referrals		X		
5. Policy advocacy to sustain programs, services, and coverage for children				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

- SafeNet, the MCH hotline, provides information and referral services to link Oregonians with

health care services with their communities, including information on the Oregon Health Plan.
- The Community-Based Application Assistance Project provides on-site assistance with completion of the Oregon Health Plan application for pregnant women and their families.
- The Office of Family Health continues to support the outreach efforts and systems to promote Oregon Health Plan application, in addition to providing access to WIC, immunization, Child Care Health Consultation services, and early prenatal access among low-income clients. The Healthy Child Care Oregon project is educating childcare providers about the Oregon Health Plan and CHIP program and providing them with information and applications to distribute to their client/families.
- Public health nurses at local health departments provide families with children 0-5 years of age assistance case management services that include assistance with accessing and utilizing Medicaid services. They are now supported by a newly formed regional team of state public health nurses who will provide technical assistance to the counties and ensure that they have the most current information about utilization of Medicaid services.
- Department of Human Services (DHS) staff work with the Office of Medical Assistance Programs (Medicaid) and the Oregon Health Plan to enhance outreach efforts, coordination, and simplification of the Medicaid application process, including simplifying initial and re-application materials, simplifying the procedures for obtaining application forms, and simplifying application completion by identifying nontraditional community-based application sites throughout the state.
- The Covering Kids and Families grant is utilizing outreach and retention through education, provider communities and the business community to expand coverage through insurance premium subsidies.

c. Plan for the Coming Year

- SafeNet will continue to provide toll-free information and referral regarding health services/issues to Oregonians throughout the state.
- The OFH will continue to support OHP outreach through collaboration with other DHS partners responsible for implementing the Covering Kids and Families Initiative. OFH staff will continue to work with the Office of Medical Assistance Programs (Medicaid) and the Oregon Health Plan to enhance outreach efforts, coordination, and simplification of the Medicaid application process, including simplifying initial and reapplication materials, simplifying the procedures for obtaining application forms, and simplifying application completion by identifying nontraditional community-based application sites throughout the state.
- The Healthy Child Care Oregon project will educate childcare providers about the Oregon Health Plan and provide them with information and applications to distribute to their client/families.

- Public health nurses at local health departments will provide families with children 0-5 assistance case management services that include assistance with accessing and utilizing Medicaid services. They will continue to be supported by a newly formed regional team of state public health nurses who will provide technical assistance to counties and ensure that they have the most current information about utilization of Medicaid services.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

Tracking Performance Measures *[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]*					
Annual Objective and					

Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	1.0	1.0	1.0	1.0	
Numerator	452	435	472	466	
Denominator	45786	45318	45190	45935	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0.9	0.9	0.9	0.9	0.9

Notes - 2002

Need note. See error message below.

Errors on Form Submission
1. WARNING! You have not provided data for the reporting year, 2002. If an actual number is not available, make an estimate. If neither actual data nor an estimate can be provided, please click on the Notes icon next to the performance measure number and enter a note. In this note: 1) explain why the data are unavailable at this time and 2) indicate when (timeframe) the data will be provided

Notes - 2003

2003 low weight birth data is not yet reported for the state. It will become available in 2005.

Notes - 2004

No data available until Spring 2006.

a. Last Year's Accomplishments

- The Perinatal Health Program continued to use outreach, initial screening and referral, and public health nurse case management/home visiting. Services were provided through the Maternity Case Management (MCM) program, specifically targeting women at risk for low birth weight infants and placing emphasis on education about the prevention of premature labor and factors that specifically contribute to pre-term delivery and low birth weight. Among seven mandatory topics were tobacco exposure and dental caries. Training and ongoing technical assistance are provided to counties on an ongoing basis.
- Support is provided to counties with community-based projects that address the prevention of low birth weight as well as the needs of low birth weight infants and their families.
- The Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) project has completed six years data collection using a revised postpartum survey tool, and has participated in the Centers for Disease Control and Prevention grant since Spring 2001. This project assists in developing programs and policies related to the prevention of low birth weight.
- The prenatal smoking cessation demonstration project, Smoke-Free Mothers and Babies (SFMB) funded by the Robert Wood Johnson Foundation, has been completed in eight Oregon counties as a sub-program of the Maternity Case Management (MCM) program. We addressed sustainability and statewide dissemination by incorporating the intervention throughout the MCH nurse home visiting programs.
- All county health departments had the option of applying some Title V and state funding for a local Oregon MothersCare (OMC), a first trimester pregnancy access program. Additionally, a

dedicated portion of the Title V funds is supporting existing OMC sites. The OFH provided technical support and assistance to these local projects.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Outreach, screening, referral in case management and home visiting programs for LBW infants		X	X	
2. Education and assessment of women at risk including smoking cessation, counseling, referral			X	
3. Data analysis and program evaluation monitors trends in LBW births, through PRAMS, birth certificate				X
4. Provider training in 5 A's protocol to promote early intervention in high risk pregnancies			X	X
5. Pregnancy planning and reproductive health programs provide education and support				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

- Maternity Case Management (MCM) staff continue to work closely with the Office of Medical Assistance Program to assure quality improvement.
- The Smoke-Free Mothers and Babies (SFMB) project has finished its third year and is in the evaluation phase. Support and technical assistance is being provided across the state for ongoing dissemination.
- The PRAMS survey continues to collect data as it relates to perinatal and infant issues and a new two year old follow up survey of PRAMS responders is in development.
- In an effort to continuing to serve a larger population, all county health departments have the option of applying some Title V and state funding to a local Oregon MothersCare (OMC) site. In addition, a dedicated portion of Title V funds is again being distributed to existing OMC sites. The OFH continues to provide technical support and assistance to these local projects.

- Title V programs continue to collaborating with the Title X programs and the Family Planning Expansion Waiver (FPEP) to facilitate pregnancy planning and other health care services such as STD prevention, treatment and pre-conception counseling in an effort to prevent conditions that lead to low birth.

c. Plan for the Coming Year

- The Office of Family Health (OFH) will continue to provide technical assistance and support for local health departments who provide outreach and case management/ home visiting

services targeting women at risk for low birth weight infants.
- Maternity Case Management (MCM) staff will continue to work closely with the Office of Medical Assistance Program to assure continuous quality improvement. During the coming year, the Smoke-Free Mothers and Babies (SFMB) program will be evaluated and lessons learned will be disseminated to stakeholders.
- The PRAMS survey continues to collect data as it relates to pregnancy and conditions resulting in low birth weight. In the coming year plans are underway to begin a survey of mothers of two year olds that previously completed a PRAMS survey. This will provide longitudinal data on the health of young children and their families in Oregon.
- The Perinatal Health Program will continue to encourage community assessments as a tool for local health departments to evaluate existing and plan future services.
- All county health departments have the option of applying for Title V and state funding to assist in their development of a local Oregon MothersCare (OMC) site, a first trimester pregnancy access program, in addition to traditional perinatal services. Again, some Title V funds are being allocated specifically to support Oregon MothersCare. The DHS, HS Office of Family Health will continue to provide technical support and assistance to these local projects.
- OFH will continue to provide support and technical assistance to programs that provide pregnancy prevention services to reduce the number of unintended and unplanned pregnancies to women and teens at risk for premature birth (teen pregnancy prevention and family planning).
- Title V programs will continue collaborating with the Title X program, the Family Planning Expansion Waiver (FPEP) which facilitates pregnancy planning and other health care services such as STD prevention, treatment, and education as well as pre-conception counseling.
- Perinatal Health Program staff will continue to provide support and technical assistance to OMC, MCM and SFMB projects in local sites.
- Perinatal Health Program staff will continue to work closely with state and local partners around perinatal issues.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	9	8.5	8.5	8	8
Annual Indicator	13.0	6.0	8.0	6.3	
Numerator	32	15	20	16	
Denominator	245520	248078	250518	253202	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance	6	6	5.8	5.8	5.6

Objective					

Notes - 2002

Errors on Form Submission
1. WARNING! You have not provided data for the reporting year, 2002. If an actual number is not available, make an estimate. If neither actual data nor an estimate can be provided, please click on the Notes icon next to the performance measure number and enter a note. In this note: 1) explain why the data are unavailable at this time and 2) indicate when (timeframe) the data will be provided.

Notes - 2003

Vital Stats data for 2003 will not be available until 2005.

Notes - 2004

a) Data for 2004 will not be available until Spring 2006.
b) The performance target for 2004 has been surpassed by the annual indicator for 2003, however it is not possible to change the 2004 target. All subsequent annual targets have been adjusted.

a. Last Year's Accomplishments

- The State Youth Suicide Prevention Team, composed of a variety of public and private partners, including the Title V State Adolescent Health Coordinator, met on a regular basis to discuss, plan and share information in support of implementation of "A Call to Action: The Oregon Plan for Youth Suicide Prevention" completed in 2000
- The Youth Suicide Prevention Coordinator (YSPC) worked closely with the Coordinated School Health Program, a cooperative agreement between Adolescent Health/Public Health and the Oregon Department of Education, in preparation of the Violence and Youth Suicide Prevention section of the Coordinated School Health "Blueprint for Action" (state plan).
- Presentations were made at a variety of meetings in order to encourage community interest in the state plan strategy implementation
- The state and local Child Fatality Review teams reviewed all youth suicides that occurred in Oregon in the year 2003. The YSPC provided case reports to the state team and recommendations on prevention during case reviews at the state level.
- The YSPC worked with Injury Prevention and Epidemiology (IPE) staff and Center for Health Statistics staff to interpret data from an evaluation of the state Adolescent Suicide Attempt Registry.
- The YSPC worked with the American Foundation for Suicide Prevention, Northwest chapter (AFSP NW) to coordinate a survivor's conference in three sites in Oregon in 2004.
- The YSPC became an advisor to the Board of Directors of the Northwest Chapter of the American Foundation for Suicide Prevention.
- The YSPC and Injury Prevention Manager submitted a proposal to Northwest Health Foundation to fund a suicide prevention demonstration project in two counties in Oregon. This proposal was approved and work on implementation will continue for three years.
- The YSPC partnered with other trainers in the state to implement training for suicide intervention specialists working in mental health, public health, education, juvenile justice and with survivors.
- The YSCP is collaborating with a committee to develop a program known as We Care for middle schools. We Care is a program initiated at Centennial Middle School. The program is a suicide prevention activity like SAFE TEEN but for middle schools.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. State plan provides strategies for implementation at state and local levels				X
2. Training for providers, counselors, educators and others on suicide prevention strategies		X		X
3. Assessment and monitoring of trends in youth suicides and suicide attempts through development of surveillance				X
4. Coordination and collaboration between public health and education agencies			X	X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

- The YSPC and a Grant Development workgroup developed a proposal for the Garrett Lee Smith Memorial Act funding for State Suicide Prevention and Early Intervention Programs.
- The YSPC joined a conference planning team to develop and implement a Regional Suicide Prevention Conference sited in Portland Oregon.

- The Youth Suicide Prevention Coordinator (YSPC) is reaching out to Native American tribes in Oregon through meetings held by the Dept. of Human Services (DHS) Director's Office. The goal is to encourage tribes to consider implementing depression screening day and a survivor's teleconference in the fall, and to train suicide intervention specialists.
- The YSPC developed and coordinated contracts to train 20 Applied Suicide Intervention Skills trainers.
- The YSPC developed and is coordinating contracts to implement the Northwest Health Foundation funded Connecting Youth project in Deschutes and Benton Counties.
- The YSPC was trained in the Question, Persuade and Refer model of suicide intervention skills, and completed training for certification as a QPR suicide intervention skills trainer.
- The YSPC was trained by researchers as the "Reconnecting Youth" program in Washington State. The Parents Care and Counselors Care models researched by Washington State will be implemented as the intervention for Connecting Youth.
- The YSPC recruited and convened the Advisory Workgroup for Connecting Youth. Advisors include psychiatrist, a psychologist, evaluators, the Director of the National Suicide Prevention Resource Center, the Region X Title V grant coordinator, the Adolescent Health manager, a manager from the Office of Mental Health and Addictions Services, a member of the Association of Community Mental Health Programs, the State Epidemiologist, the Director of the Oregon Partnership Crisis Line, and Injury Program Staff.
- The YSPC coordinated a contract to publish "Look, Listen and Help," a suicide prevention brochure for parents. The office is disseminating copies to communities.
- The YSPC represents the program on the State Child Fatality Review Team.
- The YSPC coordinated a conference call for the Northwest Region to disseminate a CD-ROM training entitled "Understanding and Preventing Youth Suicide". This presentation is available to the public on the program website.
- The YSPC is working with the Center for Health Statistics to improve reporting of suicide attempt data from hospitals who have failed to report data each quarter.

c. Plan for the Coming Year

- The State Youth Suicide Prevention Team, composed of a variety of public and private partners, including the Title V State Adolescent Health Coordinator, will continue to convene on a regular basis to discuss, plan and share information in support of implementation of A Call to Action: The Oregon Plan for Youth Suicide Prevention.
- The Youth Suicide Prevention Coordinator (YSPC) will work with the members of the State Agency Team to develop technical assistance and resources for local communities seeking to implement prevention strategies from the state plan.
- The YSPC will continue to support the efforts of the state and local child fatality review teams as they review youth suicide deaths and work on prevention activities.
- The YSPC will provide technical assistance to demonstration sites on Violence and Youth Suicide Prevention and continue to support the implementation of the Coordinated School Health "Blueprint for Action" (state plan) for the Coordinated School Health Program, a cooperative agreement between Adolescent Health and the Oregon Department of Education.
- The YSPC will coordinate implementation of Connecting Youth - a hospital based and local health department partnership intervention with suicide attempters identified through Oregon's Adolescent Suicide Attempt Data System.
- The YSPC will work to establish contracts, purchase requests, and county contract program elements for the Garrett Lee Smith Memorial Act grant.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	85	85	85	85	85
Annual Indicator	81.2	83.7	82.4	76.8	81.9
Numerator	367	364	388	358	397
Denominator	452	435	471	466	485
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	85	85	85	85	85

Notes - 2002

Updated 4/20/05.

Notes - 2003

Data for 2003 will not be available until 2005.

a. Last Year's Accomplishments

- Oregon does not have a state categorization of Level II and III NICUs and other specialty and sub-specialty perinatal services.
- Although there are 56 hospitals in the state that provide obstetric care, most VLBW babies are born at 6 regional facilities. There is a lack of formal systems for transfers which are determined at the local level by various criteria.
- OHSU provides consultation to providers caring for high risk deliveries & neonates, funded in part by OFH.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Advocacy for assuring systems in place to appropriately care for VLBW infants				X
2. Assessment and surveillance of VLBW infants			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

- Since Oregon does not have a state categorization of Level II and III NICUs and other specialty and sub-specialty perinatal services, various methods are being examined to determine levels of care and staffing, insurance, geographic, and policy factors affecting admissions and transfers.
- OFH continues to work towards identifying and maintaining a database of designated levels of care of every neonatal intensive care unit in Oregon and to assist facilities, providers, and emergency medical services to formalize protocols and agreements addressing perinatal care and transfers.
- The Office of Family Health believes that women in pre-term labor should be transported to the nearest facility, not to a facility that is experienced in the care of very low birth-weight neonates that often requires long distance travel.
- Research continues to identify cost-effective programs that serve women at extreme high risk for pre-term labor who do not live near a hospital that has a level III NICU. Any new undertaking is dependent upon that established evidence-base criteria.

c. Plan for the Coming Year

- The DHS, Office of Family Health will continue to work toward the assessment, evaluation, and recommendations of regional and statewide data for the appropriateness of hospital care for high risk mothers and newborns.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	83	83	84	84	85
Annual Indicator	81.1	81.4	81.6	81.0	
Numerator	37114	36903	36859	37207	
Denominator	45786	45318	45190	45935	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	85	85	85	85	85

Notes - 2002

2002 numbers have been changed to reflect a better source of the data.

Notes - 2003

Vital Stats data for 2003 will not be available until 2005.

Notes - 2004

2004 data will not be available until spring 2006.

a. Last Year's Accomplishments

- Oregon MothersCare (OMC), a statewide initiative to improve access to early prenatal care, was expanded from 19 to a total of 23 sites. Local, state general, or Title V funds supported all sites. This program has developed partnerships among public and private agencies to streamline, coordinate, and promoted access to prenatal services. Project components include a toll-free hotline (SafeNet), a referral and support system, to assist women in finding and using prenatal services in their community, and an ongoing public awareness, outreach, and education campaign. During 2003, the program assisted 2,730 women to access prenatal services.
- OFH continued to provide funding and technical assistance to local health departments to support Maternity Case Management (MCM) and home visiting services to increase access to and effective utilization of prenatal care and other services. All county health departments had the option of applying some Title V and state funding to a local Oregon MothersCare (OMC) site; a first trimester pregnancy access program. In addition, a dedicated portion of Title V funds was distributed to existing OMC sites. The OFH provided technical support and assistance to these local projects.
- OFH provided funding to local health departments to provide maternity case management to women without public or private insurance.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Outreach and linking of women to early and adequate prenatal care		X	X	
2. Maternity case management and home visiting services for high risk pregant women		X	X	
3. Reproductive health and family planning services provide education about optimal prenatal care		X	X	
4. FamilyNet client data system provides data to assess status of client risk factors and needs				X
5. PRAMS surveillance provides information about utilization, access, and quality of prenatal care				X
6. Advocacy for early prenatal care system and quality improvements				X
7. WIC and Family Planning programs refers women screening positive for pregnancy		X	X	
8.				
9.				
10.				

b. Current Activities

- The Oregon Health Plan eligibility for pregnant women remains at 185% of Federal Poverty Level.
- The OMC and MCM programs continue to identify moderate to high-risk women who need assistance with obtaining early prenatal care and other pregnancy related services.
- In an effort to continuing to serve a larger population, all county health departments have the option of applying some Title V and state funding to a local Oregon MothersCare (OMC) site. In addition, a dedicated portion of Title V funds is again being distributed to existing OMC sites. The OFH continues to provide technical support and assistance to these local projects.

c. Plan for the Coming Year

- Oregon MothersCare (OMC), a program to improve access to early prenatal care, assists local health departments and other OMC access sites to: formalize partnerships with prenatal care providers and other providers offering pregnancy related services, promote SafeNet, the toll-free hotline for referrals to local prenatal services; streamline systems for accessing care; and assist women to obtain a pregnancy test, OHP, a prenatal care provider, and WIC, maternity case management or other pregnancy services. OMC also supports a social marketing campaign for promoting early prenatal care.
- In an effort to serve a larger population, all county health departments have the option of applying Title V and state funding to assist in the development and operations of a local Oregon MothersCare (OMC) site. Some Title V funds are being allocated specifically to support Oregon MothersCare. The DHS, HS Office of Family Health will continue to provide technical support and assistance to these local projects.
- Collaboration and support will continue with community-based efforts to increase access to prenatal care and improve birth outcomes.

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Percent of pregnancies among women 15-44 that are intended*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	48	50	50	51	51
Annual Indicator	47.7	46.8	48.3	49.7	
Numerator			28084	28955	
Denominator			58172	58314	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	52	53	53.5	54	54.5

Notes - 2002

Corrected 4/21/05.

Notes - 2003

Data for 2003 will not be available until September 2005.

Notes - 2004

Not available until summer 06.

a. Last Year's Accomplishments

OFH's Family Planning Program served 89,546 clients in clinics supported by Title X and Title V funds during calendar year 2004, preventing an estimated 18,366 unintended pregnancies. An additional 49,363 Oregonians received family planning services through clinics not supported by Block Grant funds but participating in OFH's Family Planning Program through the Medicaid waiver Family Planning Expansion Project (FPEP).
- In addition to contraceptive services provided and pregnancies averted, these clinical programs provided basic preventive health care services and exams for 142,722 women and men. Over 54,500 Pap smears and 57,000 clinical breast exams were done in Family Planning clinics during CY 2004.
Program accomplishments during 2004 include
- the continued implementation of a comprehensive strategy for service improvement specifically designed for family planning/women's health clinics called COPE (11 comprehensive COPE workshops were provided);
- distribution of updated birth control method pamphlets and effectiveness posters and completion of data collection workshops to meet HIPAA requirements and Region X data collection changes.

- Trainings were offered for family planning staff in client-centered counseling, addressing the potential for coercion in adolescent sexual relationships, mandatory child abuse reporting guidelines and practices, insurance billing and medical records, male and female exam trainings, and improving fee and donation collection strategies.
- Ongoing activities included on-site program evaluations of 12 local agencies; provision of technical assistance, on-site staff training and orientation to family planning; coordination of contraceptive supply availability through central purchasing; and coordination with the state STD and BCC programs.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Family planning and reproductive health programs provide preventive clincal services		X		
2. 2. Training and education for clinic staff				X
3. Outreach and referral in communities to increase access and utilization of family planning services			X	
4. 4. Technical assistance and consultation for comprehensive clinic efficiency(COPE) quality improvement				X
5.				
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b. Current Activities

- The second stage of the Family Planning Expansion Program - FPEP - (Medicaid Waiver program) is continuing. Assessment of the future of family planning programs in light of potential budget cuts at the local level as well as limited state funding is ongoing, with particular attention to how family planning services are offered in primary care environments and the potential impact on access to family planning when traditional public health clinics consider establishing themselves as primary care environments. In addition, the program implemented a provider network expansion process to increase access to care.
- The Family Planning program continues to assure the availability of consistently low-cost contraceptive supplies for all providers serving low-income populations.
- The COPE quality improvement model is continuing to be used and implemented in local family planning clinics. Methods for evaluating its effectiveness are being developed.

c. Plan for the Coming Year

- Estimates are that over 18,000 unintended pregnancies to low-income women were averted in 2004 because of services provided in Title X and MCH-supported clinics. Our goal is to maintain current resource levels to continue providing family planning services to over 140,000 low-income Oregonians annually.

- The Family Planning Program will continue to maintain ongoing quality assurance activities to assure program standards are being met through on-site evaluations at local health agencies and by review of grant program annual plan.
- The Family Planning Program will support the continuation of specific projects to maintain this capacity, and to improve the quality of and accessibility to clinic services. Strategies will include increased customer focus, clinic efficiency and improved counseling; and promotion of services through community mobilization.
- The Family Planning Program will continue to incorporate priority requirements of the Title X program, including increasing the involvement of male partners in family planning services, encouraging family participation in the decisions of minors to seek family planning services, and providing counseling to minors on how to resist attempts to coerce them into sexual activities.

State Performance Measure 2: *Percent of women who had live births who took folic acid most days in the month before becoming pregnant.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	34	35	37	40	42
Annual Indicator	36.8	37.4	37.2	36.8	
Numerator			16810	16324	
Denominator			45190	44406	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	43	43	43.5	43.5	44

Notes - 2002

Incorrect number reported in 2005 report, numbers changed on 4/20/05.

Notes - 2003

The 2002 data numerator and denominator are estimated based on the total population of pregnant women 15-44. The proportion represents the women 15-44 that took folic acid at least one day a week prior to becoming pregnant.

Notes - 2004

Data for 2004 will not be available until summer 2006.

a. Last Year's Accomplishments

A Folic Acid Prevention Packet was sent to all county health departments, Family Planning Coordinators. The packets included the following:

1. A "10 Second Folic Acid Intervention" clinic protocol was developed and implemented in health departments to assist health care providers in incorporating folic acid promotion into clinic visits by clinic staff in less than 10 seconds per client.
2. Clinic Flow Sheet to assist in implementing the 10-Second Intervention.
3. English/Spanish folic acid flyers developed by the Oregon WIC Program for WIC participants and family planning clients.
4. A self-study curriculum entitled "Preconception Health Promotion: A Focus for Women's Wellness. Continuing Education available for RNs and CNMs.
5. Copies of " What My Girlfriend Didn't Know" A popular photonovela developed in California targeted to raise awareness among Latino Youth about folic acid.

- The OFH Genetics Program, in conjunction with nutrition staff, developed and presented a folic acid educational poster session that incorporates current understanding of the role of folic acid in the prevention of birth defects. This information can be used in conferences and display halls to inform health care providers.
- MCH Epidemiologist, Ken Rosenberg and Research Analyst, Al Sandoval had the article "Pregnancy Intendedness and the Use of Periconceptional Folic Acid", published in the journal Pediatrics. The authors used PRAMS data to demonstrate the importance of taking multivitamins that contain 0.4 mg of folic acid by women who are not contemplating pregnancy in preventing birth defects.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Social marketing materials and methods to increase awareness of taking folic acid prenatally			X	
2. Training and education for family planning nurses and other providers on folic acid use				
3. PRAMS survey analysis provides system for assessing folic acid use				
4. Collaboration with Oregon Folic Acid Counsel supports media campaign among Latino populations				
5.				
6.				
7.				
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9.				
10.				

b. Current Activities

- The March of Dimes grant for Folic Acid promotion activities ended in 2005. At this time the OFH no longer receives funding specifically to promote folic acid consumption. However, the folic acid message is being integrated in family planning and home visiting programs.
- The OFH is a member of the Oregon Folic Acid Council who works on folic acid promotion: professional education, community awareness, and media.
- The Women' Health program continued to develop bilingual WIC brochures, the 10-Second Intervention, and the photo-novella " What My Girlfriend Didn't Know" available to community partners, health departments, and migrant and community health centers upon request.
- The OFH Genetics Program continues to use the folic acid educational poster session

described above, in conferences and display halls to inform health care providers.
- Oregon Vital Records office continues to send out folic acid brochures with marriage licenses.

c. Plan for the Coming Year

- Pursue funding or research interns to evaluate the effectiveness of the 10-Second Intervention.
- Create and disseminate the bilingual WIC brochures, the 10-Second Intervention, and the photo-novella " What My Girlfriend Didn't Know" available to community partners, health departments, and migrant and community health centers upon request. Distribute more broadly to migrant clinics and community health fairs.
- OFH in collaboration with the OFH Genetic Program and the Latina Prenatal Health Coalition will explore the development and implementation of an educational campaign to promote folic acid consumption in the Latino population in Oregon. Efforts to strengthen collaboration with the OFH genetics program to determine joint projects are being pursued.
- The Vital Statistics Office will continue to send out folic acid brochures with marriage licenses.

State Performance Measure 3: *Percent of pregnant women reporting no tobacco use.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	86	86.5	87	87	87.5
Annual Indicator	86.5	87.2	87.6	88.1	
Numerator			39572	40483	
Denominator			45190	45935	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	88	88.3	88.7	89	89.3

Notes - 2002
Need note. See error message below.

Errors on Form Submission
1. You have entered a manual indicator for 2002 without adding a corresponding note. Please explain in a note the use of the manual indicator rather than a numerator and denominator.

Notes - 2003
Vital Stat data for 2003 will not be available until 2005.

Notes - 2004

2004 data unavailable until spring 2006.

a. Last Year's Accomplishments

- Partnerships continued with OMAP, local health departments, other agencies and providers to include mandatory training, information, and education on tobacco use and exposure within Maternity Case Management (MCM) services throughout Oregon and to encourage and facilitate the same through all perinatal services. The DHHS Clinical Practice Guidelines are now the required protocol in MCM.
- The Perinatal Health Program continued partnerships with the Tobacco Prevention and Education and other DHS programs, local health departments, other agencies and providers with the completion of the Smoke-Free Mothers and Babies project, funded by the Robert Wood Johnson Foundation. This prenatal smoking cessation demonstration project was completed in eight Oregon counties as a sub-program of the Maternity Case Management (MCM) program.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Training and education of providers in 5 A's protocol in project sites		X		X
2. Evaluation and assessment of project effectiveness				X
3. Monitoring change in population health status through analysis of PRAMS data				X
4. Screening and referral in WIC, maternity case management, and other settings for tobacco use		X		X
5. Health education and social marketing of the effects of smoking during pregnancy statewide			X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

- The Smoke-Free Mothers and Babies (SFMB) project was extended and is in its final months. Planning to integrate the 5-A's cessation counseling intervention into maternity case management will continue.
- Staff continue to work with OMAP, the American Cancer Society, the Oregon Tobacco Program, and various other agencies and organizations.

c. Plan for the Coming Year

- Ongoing partnerships will continue with OMAP, local health departments, other agencies and

providers to include mandatory training, information, and education on tobacco use and exposure, and the Clinical Practice Guidelines in Maternity Case Management services throughout Oregon.
- The Smoke-Free Mothers and Babies (SFMB) model will disseminate statewide in the coming year through revised program requirements and training public health nurses and prenatal care providers throughout the state in the 5 A's Tobacco Cessation Clinical Practice Guidelines.

State Performance Measure 4: *Percent of children 0-4 who are observed riding in cars restrained in child safety seats.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	68	70	73	75	78
Annual Indicator	66	69	74.0	73.0	76
Numerator			168474	166937	
Denominator			227668	228681	
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	80	80	80	81	81

Notes - 2002

Need note. See error message below.

Errors on Form Submission
1. You have entered a manual indicator for 2002 without adding a corresponding note. Please explain in a note the use of the manual indicator rather than a numerator and denominator.

Notes - 2003

State Performance Measure 4 indicator comes from a Oregon Department of Transportation annual survey. The numerator and denominator are based on the total population for that age group.

Notes - 2004

Numerator and Denominator figures were not available for 2004, however, the measure is based on the same source as the previous years.

a. Last Year's Accomplishments

- The Child Injury Prevention Program (CIP) collaborated with the Child Safety Seat Resource Center to train additional local health departments as nationally certified child safety seat clinicians.

- CIP provided technical assistance in developing and implementing safety seat clinics post certification in communities.
- CIP worked to strengthen local transportation safety coalitions, Safe Communities grant sites and Safe Kids coalitions to support safety seat use in counties. Funding for the voucher program is currently in need of support.
- CIP Coordinator is managing the National Safe Kids grant process that provided money for local chapters to provide safety seat and booster seat clinics and distribute safety equipment.
- The CIP Coordinator is continuing her work with the State Child Fatality Review Team.
- The CIP program received funds and purchased bike safety rodeo equipment to disseminate to participants.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Train and certify local health department staff in child safety seat installation and use			X	X
2. Promote and support events or clinics for checking and teaching public about correct seat use			X	
3. Establish local SafeKids coalitions and support with funding and technical assistance				X
4. Collaborate with organizations and agencies working on injury prevention activities				X
5. Advocate for enforcement and strengthening of child safety and seat belt laws				X
6.				
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b. Current Activities

- The CIP is assisting a Portland Metro area group to implement a Metro Area Safe Kids coalition. Oregon priorities for these prevention activities are distribution of safety seats and booster seats and safety seat clinics.
- The CIP Coordinator is continues to participate with the State Child Fatality Review Team.
- Under the leadership of the CIP Coordinator Oregon Safe Kids has a new strategic plan and has recruited new Board members.
- The CIP with the advisory board of Oregon Safe Kids will train local chapter members in an annual meeting in October of 2005.
- The CIP is participating in a study of childhood poisonings with researchers from Oregon Health Science University.
- The CIP is developing local Walk you Child to School Day sites throughout Oregon.
- The CIP is creating partnerships in Oregon to provide bicycle rodeos to promote bike safety and to increase cycling skills among children. Two bike rodeos have been held.
- The Child Injury Prevention Coordinator (CIPC) work plan includes preparation of a grant application to Department of Transportation for funding to continue the work of certifying local health department staff as safety seat technicians. The funding to defray the cost of health departments sending clinical staff to be trained is essential in establishing local capacity to

provide this service.

c. Plan for the Coming Year

- Oregon Department of Transportation funds to support local health departments end in 2004. CIP will work to find funds to maintain training status of existing health department staff and to train a limited number of new staff.
- Work plans for 2006 include technical assistance in developing and implementing safety seat clinics post certification.
- Work plans address strengthening local transportation safety coalitions, Safe Communities grant sites and Safe Kids coalitions also supports the efforts of the local health department staff. Funding for the voucher program is currently in need of support.
- The Alliance for Community Traffic Safety and Oregon Department of Transportation and the Oregon Safe Kids Coalition is revising and implementing a long-term plan to retain and maintain certified technicians regionally.

State Performance Measure 5: *Percent of 8th graders who report not using cigarettes in the previous month*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	85%	85	86	86	87
Annual Indicator	87	87.7	89.3	89.5	91.9
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	91	91.5	92	92.5	93

Notes - 2002

Need note. See error message below.

Errors on Form Submission

1. You have entered a manual indicator for 2002 without adding a corresponding note. Please explain in a note the use of the manual indicator rather than a numerator and denominator.

Notes - 2004

Numerator and Denominator are not available because they are based on an unweighted count

including refused and not answered responses.

a. Last Year's Accomplishments

- The Coordinated School Health Initiative expanded Healthy Kids Learn Better demonstration sites which provided training, assessment, data analysis and prioritization of health issues (e.g. Tobacco) and technical assistance in the development of their school health advisory councils to implement the Coordinated School Health framework and effect systemic change in policy & programs.
- The Office of Family Health School-Based Health Center (SBHCs) Program provided tobacco, alcohol, and other drug use education, individual screening, or assessments and referral for treatment when students presented with or were identified with these risk factors. Several centers have tobacco cessation programs at SBHCs.
- Updated recommendations from the State Underage Drinking Taskforce to the new Governor that includes components that address vendor education and training for alcohol and tobacco sales and conducts minor decoy operations to improve compliance.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Promote tobacco prevention among youth through school, local public health, and other organizations			X	
2. Participate and collaborate with organizations, groups, and task forces in implementing tobacco prevention				X
3. Advocate for screening, education, counseling and referral for use of tobacco, alcohol and drugs				X
4. Implement Strategic Plan for tobacco use prevention through the Coordinated School Health Project				X
5.				
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b. Current Activities

- In 2005, TPEP (Tobacco Prevention and Education Program) provided grants to some Local Health Departments, multicultural networks, tribes, and the Oregon Department of Education for tobacco prevention activities. Thirteen counties (10 projects) receive funds for community tobacco prevention activities. Five multicultural contractors and nine federally recognized tribes receive funding for tobacco prevention and education activities. The Oregon Quit Line continues to provide services to smokers wanting to quit. TPEP also supports local efforts through a statewide anti-tobacco and cessation media campaign.
- In May 2004, the Oregon State Board of Education took decisive action toward preventing youth tobacco use; members enacted an administrative rule that requires all school campuses in Oregon to be completely tobacco free at all times for staff, visitors and students.
- The Coordinated School Health Program continues to meet monthly to implement the state strategic plan (Blueprint for Action) which has established goals, five bold steps and indicators

of success for Tobacco Use Prevention.
- The Office of Family Health School-Based Health Center (SBHCs) Program provided tobacco, alcohol, and other drug use education, individual screening, or assessments and referral for treatment when students presented with or were identified with these risk factors. Several centers have tobacco cessation programs at SBHCs.
- Dedicated resources are not available in the Office of Family Health or Title V Programs to work directly and exclusively on tobacco, alcohol, and other drug prevention programs for the 8th grade population.

c. Plan for the Coming Year

- Continue to support the efforts of the Tobacco Prevention and Education Program, primarily through the local community-based coalitions and the school programs. The goal of the Tobacco Prevention and Education Program (TPEP) is to reduce disease, disability, and death related to tobacco use by: 1) preventing the initiation of tobacco use among young people; 2) promoting quitting among young people and adults; 3) eliminating nonsmokers' exposure to secondhand smoke; and 4) identifying and eliminating the disparities related to tobacco use and its effects among different population groups.
- The Local Community-Based Tobacco Prevention and Education Coalitions bring partners together to develop and implement community-based tobacco control or prevention strategies; to counter the influence of the tobacco industry and the promotion of tobacco products; to create tobacco free environments; and to promote quitting for both adults and youth.
- Maintain relationship with the TPEP through ongoing participation in the Coordinated School Health (CSH) Initiative state strategic planning effort co-lead by the Office of Family Health/Adolescent Health Section and State Department of Education and support implementation the goals and five bold steps identified for Tobacco Use Prevention as presented in the Strategic Plan (Blueprint for Action).
- Continue participation and cooperative relationships with the state agency partners (Department of Human Services/Health Services, Oregon Department of Education, Commission on Children and Families) to advocate for the long-term sustainability of the Oregon Healthy Teens Survey (now a combined survey representing YRBS-Youth Risk Behavior, State Tobacco, State Public School Drug surveys) to monitor tobacco use and prevention activities.
- Continue advocacy for population-based tobacco, alcohol and other drug screening, assessment, education, counseling and referral be reflected as a component of assuring the delivery of national recommended guidance for annual comprehensive preventive health visits for all adolescents. Continue School-Based Health Center tobacco screening, identification and expand tobacco cessation and treatment efforts specific to that model of primary care.
- Continued strategic planning with the State Underage Drinking Taskforce that includes components that address vendor training for alcohol and tobacco sales and conducts minor decoy operations to improve compliance.

State Performance Measure 6: *Percent of Oregonians living in a community where the water system is optimally fluoridated.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004

Annual Performance Objective	25	27	27	27	27
Annual Indicator	25	22.7	20.1	19.2	20.3
Numerator		612483	629236	678853	728469
Denominator		2700000	3123532	3541500	3582600
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	27	28	28	30	30

Notes - 2003

Numerator is an estimate of the difference between the number of people living in communities with flouridated water between 2002 and 2004. Denominator is 2003 Or total pop estimate as of July 1, 2003.

Notes - 2004

The Numerator includes the population of residents living in the cities where the water is fluoridated up to 1.0mg as of 7/30/2004. Denominator is based on a July 1, 2004 estimate from the Oregon total Population Research Center. Although the portion of the population that has fluoridated water reduced slightly from 2003 to 2004 this is due to using the same estimate for the number of people that received fluoridated water while the population (denominator) increased. There was actually no decrease.

a. Last Year's Accomplishments

- The Oral Health Section continued to receive funds from the CDC to enhance the infrastructure and capacity for optimal water fluoridation, provide technical assistance in Oregon on community water fluoridation; and establish and support existing community coalitions that will advocate for optimally fluoridated water.
- A fluoride specialist was hired to provide technical assistance to local community water fluoridation coalitions and other interested parties.
- A state dental director joined the Office of Family Health to help lead and develop oral health policies and programs, including educating the public and policy makers about community water fluoridation.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Advocate for community water fluoridation through public education and policy development				**X**
2. Establish and provide technical assistance in the development of community coalitions				**X**
3. Collaborate with Oregon Drinking Water Systems to provide technical assistance to water districts			**X**	**X**
4.				

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b. Current Activities

- Several communities were recognized by the Association of State and Territorial Dental Directors as having been fluoridated for over 50 years or for recently passing a fluoridation initiative.
- House Bill 2025 was introduced. This bill, sponsored by the Healthy Smiles coalition would mandate community water fluoridation for communities serving populations over 10,000. The bill passed through the House and is tied up in the environmental committee in the Senate. The Oral Health Section staff arranged to bring two CDC experts to testify to the House committee. In addition, the OHS staff have been preparing testimony and responding to legislative inquiries.
- HB2025 was amended to allow communities to opt out if levying ratepayers is the only way to fund implementation. A new bill, HB 2472A, identical to HB 2025A, was gut and stuffed by the House as a backup should HB2025A die in committee in the Senate.

c. Plan for the Coming Year

- In collaboration with the DHS Drinking Water Program (DWP), the Oral Health Program will connect Oregon to the CDC Water Fluoridation Reporting System (WFRS).
- If either HB2025A or HB2472A passes the Oral Health Program will be providing technical assistance to water district operators and local councils seeking optimal water fluoridation in their systems. Also, there will be more close collaboration with the DWP to help implement the mandate.
- A series of supportive materials and tools are being developed to aid in education and advocacy with water operators and policy makers.

State Performance Measure 7: *Percent of K-12 students with access to a State Certified school-based health center.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	6	7	7	7	7
Annual Indicator	7.5	6.3	6.7	6.4	6.8
Numerator	40534	34782	34227	32642	37493

Denominator	542427	548659	512918	509327	551276
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	7	7	7	7	7.1

Notes - 2002

Need note. See error message below.

Errors on Form Submission
1. WARNING! You have not provided data for the reporting year, 2002. If an actual number is not available, make an estimate. If neither actual data nor an estimate can be provided, please click on the Notes icon next to the performance measure number and enter a note. In this note: 1) explain why the data are unavailable at this time and 2) indicate when (timeframe) the data will be provided.

Notes - 2003

The 2003 % of children served by SBHC includes all centers that were open for any part of the year. During February 2004 (2003-2004 school year and 2003 reporting year) state funding was elimated for 20 SBHC and 6 of those closed. Funding was reinstated during August 2004.

a. Last Year's Accomplishments

- The OFH, Adolescent Health Program continued to support 43 SBHCs with state general funds to provide a comprehensive set of primary care and preventive health services frequently combined with emotional/mental health care directly in the school setting.
- Following a loss of funding in 2003, the SBHC program spent the year re-establishing the state SBHC program. Program Coordinator was hired to re-establish technical assistance and coordination functions and specifically focus on sustainability and evolution of mental health and substance abuse services. The state SBHC program office applied (unsuccessfully) for a SAMSHA grant to target capacity enhancement SBHCs to prevent and treat substance abuse disorders in their patients.
- A Research Analyst was hired to gather preliminary program data for a status report for the 03-04 service year. Incomplete and corrupt data sets from 2 service years, due to the funding loss spanning the end of one school year (FY 02-03) and beginning of the next (FY 03-04) was a significant barrier. No service reports of annual data sets were compiled after the 02-03 service year due to loss of the state infrastructure. However, prior to that state program office closure a SBHC Services Report was completed, thus the most current complete program data remains the 01-02 service year.
- In the spring of 2004, an assessment of the impact loss of funding on SBHC infrastructure and operations was conducted, and results were shared with Department of Human Services administrators and the Governor. The most impressive finding was that the 20 SBHC sites that received State funding suffered more significant operational changes and closures than their 24 counterpart SBHCs without State funds, The latter group had more diverse funding models including local fundraising, strategic partnerships, and grants.
- These anecdotal experiences of the funding loss, and the need to create a more equitable funding model across the state were used as the foundation to reconsider the funding formula. A new range formula funding distribution model was successfully negotiated with stakeholders that now provides public health infrastructure funds to all 14 counties with certified SBHCs.
- Relationships were maintained with the National Assembly on School-Based Health Care through the Adolescent Health Manager's participation as part of their Center for Evaluation and Quality Advisory Board to support development of national resources and best practices

for SBHCs.
- Oregon School-Based Health Center Network (OSBHCN) was awarded a grant from the Kellogg foundation to advocate for improving access to care, sustainability and restoration of funding of the SBHC model in Oregon. The OSPHCN has taken responsibility for the annual SBHC annual conference
- The Adolescent Health Manager represented SBHCs in Oregon's National Governor's Association Safety Net Task Force to develop policy recommendations for Oregon's system of safety net providers.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Advocate for certification of school-based health centers to improve the quality and services				X
2. Advocate for certification of school-based health centers to improve the quality and services				X
3. Distribute information and resource materials to the Oregon School Based Health Center Network				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

- The state program office supported the Governor's office proposed budget package to expand SBHC funding to five new counties for the 05-07 biennium by assisting three new counties in planning SBHCs. All three counties have been certified bringing the total to 46 SBHC's in Oregon.
- The Program Coordinator position was filled in August and restructured to increase clinical oversight. SBHC Certification policies and procedures were revised to incorporate updates. Sites received technical assistance visits in the Fall 2004 and had certification visits in Spring 2005. Technical assistance visits for data collection were provided. The coordinator worked with sites in building new CQI activities and statewide clinical education training for staff in 2005-06.
- An abbreviated annual report was published as a result of the prior state office program closure. Medical encounter data was collected at each SBHC in the 2004-2005 service year. Statewide data will be aggregated and analyzed for the annual SBHC services report.
- Questions on public attitudes toward the delivery of health services in SBHCs were added to Oregon's Behavior Risk Factor Surveillance System. Data collection began in April, 2005 and will continue until December, 2005. An annual patient satisfaction survey was administered at all SBHCs.
- Program office staff implemented quarterly regionalized meetings that convene SBHC coordinators, co-chair the Kellogg grant evaluation work team with OSBHCN and co-facilitate a

workgroup on reimbursement models for SBHC's.
- State staff co-chair or participate on planning committees for the National Assembly on School Based Health Care (NASBHC) national conference (Portland, 2006). Staff are working with the NASBHC to develop and pilot a cost model that will be used to assess total costs associated with operating SBHCs. The Adolescent Health Manager continues to serve on the NASBHC Center for Evaluation & Quality Advisory Board.
- State Program staff work with the Oregon Primary Care Association, Office of Rural Health, Immunization Department, State Laboratory, Department of Education, insurance and pharmaceutical companies.
- Work was completed on the NGA Safety Net Task Force developing and advancing policy recommendations and state funding of the safety net system. Staff have also been active the Behavioral Health Preparedness Workgroup and state Youth Suicide Prevention team.
- The State SBHC office continues to be involved with the HKLB Coalition (Coordinated School Health Program) program by participating in both the coordinating and mental health services work groups. Application was made for a HRSA grant (results pending) that would bring the model to schools wanting to focus on student access to mental health services.
- Program staff collaborated to publish an article in the Californian Journal of Health Promotion entitled: "Oregon School Based Health Centers: a Descriptive Analysis of a Patient Satisfaction Survey."

c. Plan for the Coming Year

- The core functions the of state SBHC program office of leadership, technical assistance, policy development, oversight, assurance, data collection, program evaluation, and reporting will continue. Medical encounter data will be collected in the 2005-2006 service year and will aggregated and analyzed for the annual SBHC services report. Questions regarding public attitudes toward the delivery of health services in school-based health centers will continue to be included in Oregon's Behavior Risk Factor Surveillance System. An annual patient satisfaction survey will be administered at all SBHCs, data will be aggregated and analyzed.
- The Oregon School-Based Health Center Network (OSBHCN) will continue in an effort to advocate for improving access to care and financial sustainability. Program office staff and OSBHCN, will continue to develop a quarterly regionalized framework that enables SBHC coordinators to convene on a regular basis.
-The state program office and OSBHCN will continue to co-chair the Kellogg Grant evaluation work team as well as SBHC sustainability workgroup. State SBHC program office staff will continue to be very involved with the Healthy Kids Learn Better Coalition (Coordinated School Health Program) by participating in several workgroups as well as the overarching coordinating group. Staff from our office will provide leadership for a subgroup focusing on mental health and substance use issues in schools.
-The state program office will provide technical assistance trainings on clinical issues (including mental health) for sites statewide. Certification standards will be reviewed with community partners for updates. Statewide voluntary quality improvement exercise will be conducted using 3 sentinnel conditions: annual risk factor assessments, physical exams at least every 2 years, and height, weights, and BMIs are calculated on each child being seen.
- A relationship will be maintained with the National Assembly on School-Based Health Care through the Adolescent Health Manager's participation on their Center for Evaluation and Quality Advisory Board to advance research, evaluation and best practices for SBHCs.
- State program staff will be closely involved with planning and hosting the National Assembly of School Based Health Care Network annual conference, which will occur in Portland in the summer of 2006, chairing or co-chairing several planning committees. The work with the National Assembly of School-Based Health Care to develop a cost survey that will be used to assess the total costs associated with operating a school-based health center will continue, with four SBHCs in Oregon participating.

- State program staff will continue to have be active with the Oregon Primary Care Association with the goal of promoting and protecting health care to underserved populations as well as the Behavioral Health All-Hazards Preparedness Workgroup and the state Youth Suicide Prevention team.

State Performance Measure 8: *Percent of CSHCN in Oregon receiving appropriate care coordination services*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	25%	25%	28	28	30
Annual Indicator	29.0	27.0	27.0	27.0	35.7
Numerator	4527	4134	3115	3142	4825
Denominator	15613	15312	11537	11636	13528
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	30	30	30	30	

Notes - 2003

Incomplete data, four counties not reporting. The numerator is derived from State CSHCN program data. These data identify those individuals who are receiving appropriate care coordination service in Oregon. The denominator is a derived number calculating 10% of the CSHCN population under 21.

Notes - 2004

The denominator is derived from taking 13.34 percent of total population of children in Oregon age 0-21 from 2003 census which is 1,014,111. 13.34 percent is 135,282 for all CSHN. Then we take 10 percent of this CSHN number to get the total of children with complex needs which is 13,528.

The numerator is derived from a sum of CSHN program clients (unduplicated) including CCN, FSP and CaCoon and the nursing and social work services from the CDRC clinics. The CaCoon numbers may be low due to two counties not reporting. The numerical breakdown is as follows.
FSP=270, CCN=268, CaCoon=1149(may be low), CDRC Nursing =1,568, CDRC Social work=1,570. The sum of all these services is 4825. CDRC nursing reported a significant increase in their client numbers over previous fiscal years.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. OSCSHN provided financial support to the CDRC multi-disciplinary, tertiary care clinics	X			
2. Shared responsibility for technical assistance and training established resulting in improved communication and care coordination within the communities served.				X
3. Parents from Family Involvement Network (FIN) began to develop a training program for parent participation on community-based teams to improve care coordination and other supports for families.				X
4. OSCSHN worked with the OFH in the development of an integrated data system (FamilyNet) for state programs providing services to children.				X
5. OSCSHN developed a NICU information/resources guide on CD ROM to improve care coordination between hospitals and communities.				X
6. Developmental Pediatric 'hotline' at CDRC (OHSU Consult service) was initiated to allow community-based physicians and nurse practitioners to speak directly to a development pediatrician to discuss clinical cases and family concerns.				X
7. OSCSHN will continue to identify information and support needs of families through expansion of FIN and community based programs.				X
8. OSCSHN will partner with parent groups, state agencies and service providers to build resources and increase capacity to meet family needs.				X
9. OSCSHN office developed WEB site providing access and care coordination information				X
10.				

b. Current Activities

c. Plan for the Coming Year

State Performance Measure 9: *Degree of participation in the collaborative effort of developing a statewide data system to support Oregon's early childhood program needs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective		80	80	85	85
Annual Indicator			82.8	83	82.3
Numerator					494

Denominator					600
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	90	90	90	90	90

Notes - 2002

Numerators and denominators represent the sum of the participation of organizations in three efforts: cshcn data systems, early childhood data systems, and FamilyNet data systems.

Notes - 2003

The 2003 data for this measure has been estimated based on last year's results and current participation.

Notes - 2004

This number was estimated based on an average percent of organizations that attended specific types of meeting for design of the system. For all meetings when parent organizations were invited, they attended.

a. Last Year's Accomplishments

- OFH continues to lead and CDRC continues as the key partner on the interagency team to develop the Family and Child Module of FamilyNet Integrated data system, that will integrate and coordinate services within and among the seven state programs serving women during the perinatal period, infants, and children, including CSHCN up to age 21.
- In addition to meeting Title V program needs, the FCM is the first phase of Oregon's planned Early Childhood Data System (ECDS), although the State fiscal crisis continues to delay FCM and ECDS development. Other agencies involved in Phase 1 of this effort are the OCCF, ODE, CLHO, local public health, Oregon Healthy Start, the DHS Offices of Oregon State Public Health Laboratories (OSPHL) and Disease Prevention and Epidemiology (ODPE), and Early Intervention agencies.
- Convened a workgroup, co-chaired by OFH and CDRC, to develop an operational definition of CSHCN. Members of the group included representatives from Commercial Health Plans, the Oregon Health Plan, CDRC, primary health care providers and families. The workgroup completed a suggested list of condition codes based on International Classification of Disease (ICD) coding and the OMAP and OFH completed an analysis of Medicaid data in FFY 2003 to determine whether a workable automated screening process could be developed using this list. Clinical screening tools that met or exceeded the workgroup's evaluation criteria were added to the group's recommended protocol and tool set. The recommended protocol is to use the ICD-9 list to cast a net slightly broader than the CSHCN population and one of the recommended clinical screening tools to complete the operational definition of the population in a given treatment setting.
- Convened a workgroup to complete the FCM and develop a data warehouse for collecting information on children enrolled in Oregon early childhood programs, including home visiting programs that use the FCM as their interactive service documentation and reporting system. Members include OFH, OSPHL, ODPE, CDRC, ODE, and OCCF. Data warehouse design and/or function will include:
- Define common data elements required by all partners.
- Define subsets of the larger population.
- Expand data collection system to include missing elements.
- Address confidentiality issues when sharing information across agencies.
- Establish health outcomes for early childhood home visiting programs.
- Measure outcomes and collect data to evaluate the programs' effectiveness.

- The work to develop a data warehouse was folded into the FamilyNet development, without change in the above goals, because of funding limitations. While this change delayed warehouse development, the FamilyNet team includes more complete the multi-agency, state and local representation than earlier warehouse development efforts.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Identify and engage stakeholders in meetings and joint application development				X
2. Convene public/private mult-agency workgroup to define CSHCN				X
3. Definitions of population and system design are determined through consensus process				X
4. Meeting times, location, and format are designed for stakeholder convenience				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

- The FamilyNet TWIST (WIC) and IRIS (Immunization) modules have been upgraded and modified to complete some functions unavailable in the first release. The FamilyNet team revised the system Strategic Plan and saw the formation of a FamilyNet Users' Group to handle the day to day change management and operational needs of system maintenance and support
- The OFH continues to lead and CDRC continues to participate on the interagency team to develop the FamilyNet Family & Child Module (FCM). The team enjoys the support and continued participation of all multi-agency team members, but the State fiscal crisis, staffing changes in DHS and all partner agencies, and changes in technical architecture have delayed this development.
- Delays in development progress arose in 2005. Lacking funding, the Early Childhood Data System (ECDS) development has been suspended indefinitely. The detailed design of the FCM was delayed as the core development team replaced staff who left the project, the DHS Office of Information Services defined a new approach and architecture for the system development, OFH obtained more resources and re-established partnerships with new staff in other agencies, and DHS and other agencies trained new staff. Currently, the development team is fully staffed, the detailed FCM design is complete, and the development staff has begun developing the system. The pilot test is now expected to begin in federal fiscal year 2006.
- When this third module is complete, FamilyNet will give partners the full service delivery, followup, evaluation, and assessment functionality for all MCH populations. All agency partners continue their involvement in this effort; they are the OCCF, ODE, CLHO, local public health, Oregon Healthy Start, and the DHS OSPHL and ODPE. The ODE has decided to defer its participation until Phase 2 of FCM development. FCM staff continued to recruit additional representatives from birthing hospitals, family advocacy organizations and CDRC family consultants, and the Oregon Community Health Information Network (OCHIN) -- an

organization that is automating the practice management and clinical record systems for counties representing more than half of the Oregon population.
- The group that was formed to develop an operational definition of CSHCN has completed its work. The OMAP/OFH team identified further analysis to validate the ICD-9 list for preliminary identification of CSHCN, but priority given to FCM detailed design in FFY 2004 delayed that work.
- The work to develop a data warehouse was also delayed because priority was given to the FCM development. The FCM Reports Team and the OFH Nurse Team developed a list of state-level program outcomes that, added to the Title V and DHS Performance measures, would be produced from the data warehouse based on FamilyNet and linked data.

c. Plan for the Coming Year

- OFH will continue to modify and develop FamilyNet and to lead the effort to develop the FamilyNet FCM with CDRC and other state and local private sector and public agency partners. The FamilyNet Steering Committee will further developing the charter and roles of the FamilyNet Users' Group, bringing in state partners and local agency representatives as the system grows. The pilot test of the FCM system is now expected to begin in state fiscal year 2006. The OFH continues to seek additional funding so as to accelerate the development effort.
-The CDRC multi-agency development of a definition of CSHCN will continue with OFH participation in the analysis. An increased level of participation and a permanent repository for the CSHCN definition tools in the FamilyNet data warehouse were proposed as part of the 2003-2006 SSDI grant. While other priorities prevented the analysis of OMAP data planned for 2005, the CDRC multi-agency development of a definition of CSHCN will continued with OFH participation in the analysis of OMAP data.
- The planning has begun for the FamilyNet data warehouse based on the outcomes and reporting needs defined in 2005. The Maternal and Child Health Monitoring System envisioned in the 2003-2006 SSDI grant is incorporated into the data warehouse planning using FamilyNet and linked data. The goals listed above remain, and the scope of the warehouse has been expanded to include provision of data for an ongoing MCH Needs Assessment.

State Performance Measure 10: *Percent of providers in Oregon participating in an educational experience addressing CSHCN.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	3%	90	91	93	94
Annual Indicator	5.8	90.3	86.3	93.2	97.7
Numerator	104	121	101	124	130
Denominator	1785	134	117	133	133
Is the Data					

Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	95	95	95	95	

Notes - 2003

Denominator includes providers in Title V Community-based programs for which CDRC is responsible to train. The denominator has dropeed significantly from 2000 to 2001 and beyond when we elected to evaluated performance in relation to the actual number of providers we would anticipate reaching through our training programs. The denominator is the total number of providers the Stat CSHCN program works throughout the state. The numberator is the actual number of those providers who are documented as having attended a state CSHCN program sponsored training program.

Notes - 2004

The denominator is the total number of providers the State CSHCN program works with throughout the state. This number includes CaCoon RNs and promotoras, 5 members from each of 15 CCN teams and the Medical Home practices.
The numberator is the actual number of the above providers who are documented as having attended any state CSHCN program sponsored training program or event.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. CCN teams sponsored community-based Continuing Medical Education presentations on topics chosen by local teams.				**X**
2. The Family Involvement Network (FIN) recruited and provided training for parents as professional partners to participate on the CCN community-based teams.				**X**
3. Annual Conference on Mental Health and Behavior Issues for Children with Special Health Needs attended by community providers and clinic staff				**X**
4. The FISHs program initiated learning collaboratives in six communities to share promising practices on adolescent transition.				**X**
5. CaCoon provided training for CaCoon nurses through program orientation to new nurses, on site consultations, the statewide CaCoon conference				**X**
6. Training and technical assistance were provided through the regional consultants.				**X**
7. Self-Directed Learning for Nurses modules for community-based nurses working with CYSHN were developed and disseminated				**X**
8. OSCSHN developed WEB site to provide health care links to providers serving children with special health needs				**X**
9.				
10.				

b. Current Activities

c. Plan for the Coming Year

E. OTHER PROGRAM ACTIVITIES

OTHER PROGRAM ACTIVITIES

- Immunization Program: The Immunization Program received a two-year grant award to study the immunization practices and beliefs of those parents who claim religious exemptions to school immunization requirements. This research will identify beliefs and barriers to immunizations that future interventions may target. The Immunization Program received a CDC Registry Sentinel Site Capacity Building Grant in late 2004. The purpose will be to improve immunization registry data quality and to provide support for routine analysis of immunization registry data.
- Women's Health Program: The Women's Health Program, with HRSA-SPRANS funding, is leading a process to create a source of comprehensive women's health information and services and establish a structure through which future planning for women's health programs can be coordinated. This activity includes capacity building in the statewide MCH hotline (Oregon SafeNet) to better respond to women's health needs at any age. A Women's Health Coordinating Council has been convened with representatives from health providers, health resources and health advocacy organizations to assist SafeNet response development. The SafeNet database will provide call data analysis of available women's health services to better understand the health needs of women across the lifespan.
- WIC Program: The Oregon WIC Program was awarded a 3 year research grant to implement and evaluate the impact of peer counseling on breastfeeding duration among Oregon WIC clients. This study will use sound scientific methodology to answer important questions about effectiveness of peer counseling and support. The Oregon WIC Program was also awarded a one year research grant to do an initial investigation into the development of a series of health messages to encourage families with young children to increase their fruit and vegetable consumption. This study will address the questions around the best ways, messages, and message delivery to encourage busy, and low income, families to eat more fruits and vegetables. A second grant proposal to fund the implementation and evaluation of the messages will be submitted in June 2005.
- Adolescent Health: Adolescent Health conducts numerous other program-related and population-based activities that support the health of the maternal and child health population. These include co-leading or participating in other state-level workgroups and activities related to Positive Youth Development, Teen Pregnancy Prevention, Nutrition & Physical Activity, promoting the National Initiative to advance adolescent health, Youth Suicide Prevention, Early Psychosis Screening, Adolescent Underage Drinking, Safety Net policy development.
- Other Program Activities - Child Development and Rehabilitation Center
CDRC has worked collaboratively with the Oregon Health Plan on issues related to meeting the health needs of CSHCN are met. This activity includes a definition of CSHCN within Medicaid, a reporting mechanism to collect specific data on CSHCN enrolled in OHP Managed Care, clinical guidelines for CSHCN, review Medicaid specifications for defining medical necessity, review funding of Title V home visiting services and feasibility to expand the age covered to 21 years. Bobby Peterson, from ABC for Health, provided technical assistance to the Title V CSHN office on the Passport family guide to health care systems and legal advocacy.

- The CDRC/OSCSHN web site and toll free number was publicized at newsletters, meetings and trainings to increase access to services and information for the CSHN families and providers. A developmental pediatrician hot line for consultation with physicians and pediatric nurse practitioners was established. OSCSHN will continue to update information on "best practices" in screening on the CDRC web site in conjunction with participation in COIT and the State Interagency Coordinating Council work group on Child Find.
- CDRC/OSCSHN will revise the established risk criteria for Early Intervention screening and consider

a provisional risk category as well as develop an agreement across all early childhood programs on use of common developmental and behavioral screening tools. CDRC also will continue to work with Office of Family Health and County Health Department policy groups (CLHO) to reinforce the goals and adherence to the developmental screening protocol for high risk infant tracking (Babies First! Program in OFH).
- Toll-free Telephone Numbers: Oregon's MCH Hotline (SafeNet) was established in April 1991, and is funded jointly by the Title V and Title XIX Agencies. The service is provided through an interagency agreement with 211info and the Office of Family Health. The state's Maternal & Child Health hotline, SafeNet, is designed to link low income Oregon residents with health care services in their communities; assist in identifying and prioritizing needs of callers with immediate, multiple health care concerns; match provider callers with appropriate information concerning options; track and document service gaps; and provide follow-up and advocacy to insure that clients statewide are able to access available services. Outreach for SafeNet occurs through Medicaid card messages and inserts (WIC, prenatal, flu, and dental), televised PSA's (both national and local), websites, DHS offices, OHP staff, local health departments, private providers, managed care plans and social service agencies. Special advertising campaigns designed to move particular target audiences to call SafeNet for particular time-sensitive information is conducted periodically. SafeNet is utilized as a part of other nutrition and food assistance programs such as in Food Stamp Outreach and Summer Food site information. At present eleven staff members are fully trained in taking Oregon SafeNet calls.

F. TECHNICAL ASSISTANCE

Oregon's Title V programs will request technical assistance to support agency and program efforts to follow through with the priorities and ongoing assessment, planning, services design and delivery, evaluation and leadership development.

Training and consultation will be needed to develop the following systems in the Office of Family Health:

1. Develop systems and processes for ongoing assessment, planning, and evaluation for the local MCH program contractors (county health departments)
Proposed consultant: Consultants skilled in systems planning
Purpose: to improve systems for aligning state contracting, planning, and assessment processes with MCH priorities

2. Facilitate joint strategic planning with state and local MCH partners to expand collaborations, set priorities
Proposed consultant: Consultants skilled in collaborative planning
Purpose: to improve capacity for participatory and collaborative decision-making

3. Develop skills and knowledge for program staff to create and manage program evaluation/continuous improvement systems to improve efficiency of MCH program design and delivery
Proposed consultant: Consultants skilled in continuous improvement systems development
Purpose: to improve system capacity for program evaluation and quality

4. Assist MCH programs to integrate mental health with MCH priorities through development of program activities and strategies and performance measures
Proposed consultant: Consultants skilled in program planning and mental health/public health
Purpose: to improve the state's ability to monitor improvement in mental health status of MCH populations

5. Technical assistance to develop adequate privacy policies and processes for use in programming data sharing information systems.

Proposed consultant: Technical experts in HIPAA and privacy issues
Purpose: to assured the state's FamilyNet client data system has appropriate technology and process for client record privacy

Child Development and Rehabilitation Center, CSHCN Program Technical Assistance:

1. Training, consultation and technical assistance is needed to develop our knowledge and advocacy skills relative to health care financing, along with health care research and advocacy and benefits counseling skills. As the services provided through the OSCSHN shift from direct care to building systems of care, it is important that we understand how most effectively to partner with public and private insurers and their funding mechanisms.
Proposed consultant: Bobby Peterson. Attorney at ABC for Health; supports National Performance Measure 4 and New State Performance Measure 9

2. Technical Assistance is requested to learn about methods and strategies to build state and community teams through on-site training and consultation with our state and community level staff. OSCSHN is integrating community-based programs at the state and community levels to further develop and promote health services and systems of care designed to eliminate disparities and barriers across the MCH population.
Proposed consultant: Tawara D. Goode, MA at National Center for Cultural Competence; supports National Performance Measure 2.

V. BUDGET NARRATIVE

A. EXPENDITURES

The expenditures for FY 2004 are based on expenditures to date (May, 2005) for the period October 1, 2003 to September 30, 2004. The expenditures for the Federal/State Partnership include all Title V Block Grant Funds, state General Funds not used as match for other federal programs, and Other Funds, that are typically private foundation grants (not used for match for other federal programs). The Federal/State Partnership expenditures include:
- Pregnant Women: Perinatal Program (Block Grant and General Funds)
- Children <1 year: Babies First! Clients < 1 year (General Funds); Public Health Lab Newborn Screening (Other Funds - Fees)
- Children 1-22 years: Babies First! Clients > 1 year (General Funds); Child and Adolescent Health, Injury Prevention, Oral Health, Teen Pregnancy Prevention, Suicide Prevention (General Funds); School Based Health Centers (General Funds); Immunization (Block Grant portion); RWJ- Smoke-Free Mothers and Babies.
- CSHCN: CaCoon, Community Connections (Title V Block Grant, Clinical Fees, mandated state general fund match)

The FY 2004 Expenditures are based on actual expenditures at the time of the preparation of the Title V budget. This report should be considered an estimate since the expenditures for Federal Fiscal Year 2004 are not closed at the time of reporting.

B. BUDGET

The FY 2006 budget is estimated using the Legislative Approved Budget for the 2003-05 biennium for the Office of Family Health. At the time of preparation, the 2005-07 Governor's Recommended Budget was not approved by the Legislature. The budgeted amounts are calculated to be half of the legislative approved spending /limitation. The Federal/State Partnership in FY 2006 includes all Title V Block Grant Funds, all state General Funds not used as match for other federal programs, and all Other Funds, typically private foundation grants, not used as match for other federal funds. The programs included in the Federal/State Partnership for FY 2006 include:
- Pregnant Women: Perinatal Program (Block Grant and General Funds)
- Children <1 year: Babies First! (General Funds) Newborn Screening (Other Funds - Fees)
- Children 1-22 years: Child and Adolescent Health, Injury Prevention, Oral Health, Teen Pregnancy Prevention, Family Planning (Block Grant) for 35% of total clients, representing all those less than 21 years.
- CSHCN: CaCoon, Community Connections.

The allocation for the pyramid level of services is distributed according to the use of funds at the state level or the county level. Funds that are provided to county health departments and other local agencies are count as Direct and Enabling Services. Funds that are used at the State level, in the Office of Family Health, are distributed between Population-Based and Infrastructure, prorated according the type of activities occurring in the state-level programs.

The Oregon Health Division meets its 30-30 minimum requirement by transferring 30% of the Oregon Block Grant appropriation to the CDRC for serving the children with special health care needs. No administrative or indirect is retained prior to transfer. The required Maintenance of Effort for Oregon is $3,950,427 and the DHS, Office of Family Health assures this minimum through funds generated at the state and local levels that benefit the maternal and child health population. The state meets the required three-for-four dollar match. Source of funds for match are state general funds and county local funds, including patient fees, local general funds, and non-Medicaid 3rd-party payments. The Oregon Legislature appropriates the state funds on a biennial basis and the state appropriates funds for local grants on an annual basis.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.